

Adventure: _____
Guide Name: _____



Coastal Bliss Adventures' Cowichan Bay Kayaking Waiver of Liability

I, _____, {print name(s)} acknowledge that the event/tour/activity I'm partaking in (kayaking, canoeing, stand up paddle boarding, walking, hiking or riding in any vehicle) involves risks that are beyond the control of Coastal Bliss Adventures. I also acknowledge that the event/tour can be physically strenuous and requires physical fitness and good health. I also understand the risks that **COVID_19** presents, and that Coastal Bliss Adventures can not be held liable for any transmission or contagion of this or other diseases.

In consideration of Coastal Bliss Adventures accepting my participation in this event or activity as well as all transportation or activities in connection with the event or activity, **I hereby release and forever discharge Coastal Bliss Adventures, its Directors, Officers, Agents, Servants or Employees and its or their successors, heirs and assigns (the "Released Parties") of and from any claim, demand, damage, which may include a failure to properly safeguard against any dangers and hazards pertaining to the event, including, without limitation, the negligence of the agents, employees and instructors working with or for Coastal Bliss Adventures.**

I agree to inform the staff of Coastal Bliss Adventures of any medical/mental concerns to my participation in the event. (Non-disclosure amounts to a representation that there are no concerns) I agree to abide by the rules and regulations imposed on participants by Coastal Bliss Adventures and its staff. These rules and regulations are designed for the safety and protection of all participants. I have read the above and fully understand the terms of this waiver and my subsequent commitment.

Medical Information (describe any physical limitations, severe allergies, medical conditions, or medications required): _____

Signature of Participant(s) (or Parent* or Guardian* if participant is under the age of 19):

_____ Witness: _____

*Relationship to participant: _____ Date: _____
Address: _____ City: _____
Prov/State: _____ Country: _____ Postal/Zip: _____
Telephone: _____ E-mail: _____

We would appreciate:

- I give permission to allow photographs taken by Coastal Bliss Adventures of me to be used to further the awareness of paddling through means of advertising.
- Please update me about social events, special sales, paddling and outdoor news.

Guide/Staff Checked: Initial: _____