

# Outdoor Recreation Program **WAIVER**



PROGRAM: \_\_\_\_\_ CABIN : \_\_\_\_\_

## **BELLOWS OUTDOOR RECREATION ASSUMPTION OF RISK/LIABILITY WAIVER FOR: KAYAKING, SNORKELING, SURFING, STAND UP PADDLE, SAND BAR**

I, (Print your name) \_\_\_\_\_ am aware and understand that participating in the Bellows AFS Outdoor Recreation programs involves a potential risk of physical injury and I understand that the programs are physically and emotionally demanding and potentially dangerous or hazardous. I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors, including but not limited to: sprains and strains, wind/sunburn, hypothermia, broken bones, chipped teeth, pulled muscles, cuts, bruises, immersion in cold water, loss or damage to personal property, insect/animal bites and stings, collision with objects, fatality, drowning, or other injuries/symptoms caused by exposure to cold and/or inclement weather while participating in water sports or traveling to and from the activity site. I recognize that all hazards and dangers associated with this activity cannot be foreseen. I have a personal responsibility to learn and follow the safety procedures established by the staff and behave in a reasonable and prudent manner. I will make the staff aware at any point in which I question my knowledge of these procedures or my ability to participate in the activity. Knowing the inherent risks, dangers and rigors involved in, kayaking, Snorkeling, Surfing, Stand up Paddle, Sand bar and/or any lessons including but not limited to those caused by the terrain, the weather, my athletic and physical condition, and other participants: I certify that I am medically able and have been properly trained to be fully capable of participating in the activity.

I agree and hereby state that I am solely responsible for my own physical and emotional well being. I am aware and understand that all of the program activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, abilities, and medical condition.

Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I for myself, and those entitled to act on my behalf, waive and release the Bellows Air Force Base, Det 2, 18th FSS, United States Air Force, the Department of Defense, or any other agency of the U.S. Government, their representatives, successors and assigns, from all claims or liabilities of any kind arising from my participation in this event.

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT/PARENT/GUARDIAN

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SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN

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SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZATION OF EFR BY CERTIFIED STAFF

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_