

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

In consideration for _____ (print name) ("Minor") being permitted by EDDYLINE KAYAKS LLC / EDDYLINE NORTHWEST, LTD. / EDDYLINE OUTFITTERS / ISLAND OUTFITTERS ("Island Outfitters") to participate in its/their sea kayaking instructional and touring activities, I/we agree to this **WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**:

The undersigned parent(s) and/or guardian(s) of Minor, for themselves and on behalf of Minor, join in the foregoing PARTICIPANT/RENTAL AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK, and stipulate and agree to SAVE AND HOLD HARMLESS, INDEMNIFY AND FOREVER DEFEND Island Outfitters, their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf, from and against any claims, actions and demands (including those based on alleged negligence) made or brought by Minor or by anyone on behalf of Minor, as a result of Minor's participation in sea kayaking activities with Island Outfitters or the use of the property and facilities of Island Outfitters, as well as from expenses and liabilities (including reasonable attorneys' fees and costs) incurred by Island Outfitters resulting from any such claims, actions or demands.

I/WE HEREBY REPRESENT MINOR IS IN GOOD HEALTH, THERE ARE NO SPECIAL PROBLEMS ASSOCIATED WITH THE CARE OF MINOR, AND I/WE HAVE ADEQUATELY INFORMED Island Outfitters PERSONNEL OF ANY SPECIAL INSTRUCTIONS REGARDING MINOR.

I/We authorize Island Outfitters personnel to render emergency first aid to Minor, and to call for medical care for Minor or to transport Minor to a medical facility or hospital (if available) if, in the opinion of such personnel, medical attention is needed for Minor. I/We further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of Minor, in their professional opinion. I/We agree that once Minor is transported to the medical facility or hospital, Island Outfitters shall have no further responsibility for Minor, and I/we agree to pay all costs associated with such medical care and transportation.

I/We have fully informed myself of the contents of this Waiver, Release and Indemnification Agreement by reading it in its entirety before I/we signed it. I/we have read and understand this document, and I/we agree to be bound by its terms. I/We have fully discussed with Minor the risks involved in sea kayaking activities. I/We accept full responsibility for all medical expenses and all other expenses incurred due to loss of or damage to personal property which Minor may incur or inflict as a result of Minor's participation in sea kayaking activities with Island Outfitters. I/We understand this agreement may limit my/our right to maintain a lawsuit against Island Outfitters in the event of injury to or death of Minor, or damage to Minor's property, and may subject me/us to financial liability in the event Minor, or someone on behalf of Minor, makes a claim against Island Outfitters for injuries or damages suffered by Minor.

Signature of Parent or Guardian of Minor

Date

Signature of Parent or Guardian of Minor

Date

Print Parents'/Guardians' Names

Print Minor's Name

Minor's Age