PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Discovery Adventures, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "DA"), I hereby agree to release, indemnify, and discharge DA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that sea kayaking, swimming, snorkeling, paddle boarding, hiking & camping entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: boat capsize and entrapment; tidal conditions, surf and currents; travel in remote areas; collision with objects or other watercraft; prolonged exposure to cold water, cold shock, hypothermia, accidental drowning; illness in remote areas; exposure to sun, strong wind, cold, storms, large waves, eddies and whirlpools, and lightening; wrist, arm, shoulder, and/or back injuries; entanglement in/or missing guidelines or floats, safety or anchor lines; slips and falls while hiking; and rapidly changing adverse weather and water conditions; Slipping and falling; falling objects; exhaustion; hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, aggressive and/or poisonous marine life, insect bites, and hazardous plant life; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; equipment failure; improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, DA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. Additionally, I agree to wear a U.S. Coast Guard approved personal flotation devise (life jacket) while participating in this activity.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless DA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of DA's equipment or facilities, **including any such claims which allege negligent acts or omissions of DA**.
- 4. Should DA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against DA, I agree to do so solely in the state of Massachusetts, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against DA on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name			Phone Number
Address			City
State	Zip	Email	
Signature of Participant			Date
F		ARDIAN'S ADDITIO	NAL INDEMNIFICATION s under the age of 18)
In consideration of			(print minor's name) ("Minor") being
permitted by DA to participate in	n its activities and to	o use its equipment and	facilities, I further agree to indemnify and hold harmless DA ich are in any way connected with such use or participation by
Parent or Guardian:		Print Name:	Date: