PARTICIPATION AGREEMENT: RELEASE AND ASSUMPTION OF RISK

In consideration of the services of the Seacoast Science Center, its agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as “SSC”) I hereby agree to release, indemnify and discharge SSC on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that kayaking 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.
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.
3. Thereby, I voluntarily release, forever discharge, and agree to indemnify and hold harmless SSC 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 SSC’s equipment or facilities, including any such claims which allege negligent acts or omissions of SSC.
4. Should SSC 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 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 SSC, I agree to do so solely in the state of New Hampshire and I further agree that the substantive law of New Hampshire 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.
7. I will respect the boundary limits as explained to me by the Center staff.

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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 SSC 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.**

Signature of Participant________________________________________  Date__________________
Print Name______________________________________________________________________
Street Address____________________________________________________________________
City, State, Zip __________________________________________________________________
Home Phone______________________________  Alt. Phone________________________________

**PARENT’S OR GUARDIAN’S ADDITIONAL INDEMNIFICATION**

(Must be completed for participants under the age of 18)

In consideration of ____________________________________________________________
(print name(s)) (“Minor”) is being permitted by SSC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SSC from any and all claims brought by, or on behalf of Minor(s), and which are in any way connected with such use or participation by Minor(s).

Signature of Parent or Guardian_________________________________________________________
Date____________________________________________________________________________
Print Name__________________________________________________________________________