

## PWA PADDLERS RELEASE



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I understand that the paddling trips offered may involve difficult and dangerous conditions, and numerous unanticipated natural hazards may be encountered. I agree to proceed entirely at my own risk and to assume all associated liabilities. Further, I agree for myself, my successors and assigns to indemnify Pemaquid Watershed Association against any loss or damage which it may suffer by reason of any claim which may arise from my participation in the field trip. Furthermore, I understand that Pemaquid Watershed Association may use photos taken on paddling trips in newsletters or other publications that advance the Association's mission, and I allow photos of me taken on the paddling trip to be used for this purpose.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Parent or Legal Guardian, if Minor: \_\_\_\_\_

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### **Confidential Medical/Health Information Form**

*Pemaquid Watershed Association will keep all medical information confidential; we urge you to be frank for your own safety and comfort.*

- Illness, allergies, physical disability, temporary or chronic disorder, etc., that in any way might affect your participation? If so describe:

- Are you under medical treatment that requires medical treatment on the trip? If so, explain:

- In case of illness or emergency notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_