



Instruction and Tours Packet (Please Print All Pages)

Thank you for registering with Sea Kayak Connecticut. We look forward to getting you on the water and providing you with a truly memorable paddling experience. There are a few things we'd like you to do before your big day on the water. To this end, we have put together this handy information packet that will help ensure that you are well prepared for your upcoming lesson or tour. **Having the Paddler's Checklist portion of this packet fully completed before you arrive** will enable us to start the program in a timely fashion.

Please carefully review the contents prior to your scheduled program. Should you have any questions, feel free to contact us at **203.247.9186** or **info@seakayact.com**.

This packet contains the following:

Page 2	Paddler's Checklist and Directions to Classes and Tours
Page 3	Waiver and Release of Liability
Pages 4 and 5	Confidential Medical Questionnaire

General Information:

Reservations are required for all programs and may be made online or over the phone. Payment is due in full at the time of the reservation. We accept all major credit cards.

Cancellations with 48 hours or more notice before the program start time will receive a full refund. Cancellations with less than 48 hours notice will result in forfeiture of the entire program fee. In the event that Sea Kayak Connecticut cancels a class or a tour due to lack of minimum enrollment, severe weather, or an emergency, clients may opt to reschedule their program or receive a full refund.

All scheduled programs will run rain or shine. A few sprinkles won't keep us off the water, so please pack a light rain jacket if showers are in the forecast. Should Sea Kayak Connecticut determine that the weather conditions are unsuitable for an upcoming program; we will cancel the class/tour and contact you via e-mail, text or by phone. In the event of anticipated rainy or windy conditions, our guides will make an at-the-launch decision as to whether or not to launch. Please plan on attending your program regardless of the weather in your immediate area or the forecast at the launch site.

For All Outdoor Programs you may either bring your own equipment or we'll supply it for you at no additional charge. We do not provide discounts for bringing your own equipment. Clients may bring their own sea kayaks provided they are sea worthy, at least fourteen feet in length, have bulkheads fore and aft, sealed hatches, and perimeter deck lines. For sit-on-top programs, clients may bring their own sit-on-top kayaks provided they are sea worthy. Please contact us if you are unsure as to whether or not your equipment is suitable for one of our programs. Breathable life jackets will be provided and must be worn by all participants.

Forms including liability release forms and a confidential medical questionnaire are required for each program from each participant. Please complete all paperwork prior to arriving for your class or tour.

12 Years Old is the minimum age requirement for participating in classes and tours. Please also note that we only provide single-person kayaks for our tours and classes.

Paddle-specific clothing is highly recommended for all programs. Essentially, dress as if you are going swimming. We'll do our best to keep you high and dry but wearing the right clothes will make for a much safer and far more enjoyable paddling experience. Wearing synthetic shirts and shorts, a ball cap and pair of shoes that can get wet will make for a comfortable day out on the water.

Personal Info is asked of you so that we may properly fit you to your kayak, paddleboard, paddle, life jacket and spray skirt.

Punctuality and Preparedness are two hallmarks of Sea Kayak Connecticut. To ensure that everyone gets to enjoy every minute of the scheduled program, it is very important that clients arrive on time. Please arrive having everything on the Paddlers Checklist completed and in-hand 30 minutes prior to the program start time.

Paddler's Checklist

The following items have been put together to help ensure that your paddling experience with us is comfortable safe and enjoyable. **All checkbox items are required.** Please make sure you have these items well in advance of your scheduled lesson or tour.

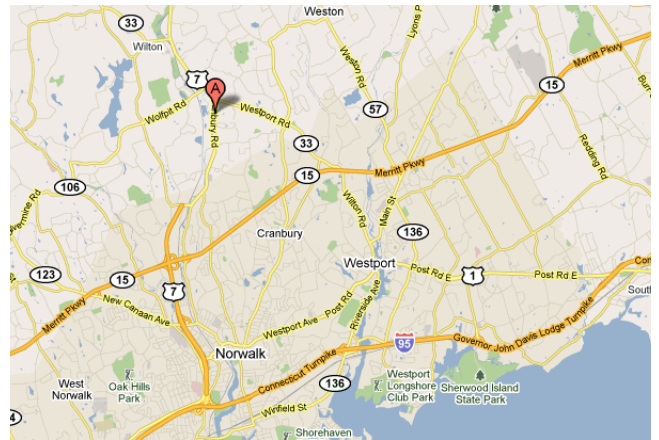
- A completed Liability Waiver and Medical Questionnaire
- Shoes that can get wet (any shoes that will stay secured to your feet while swimming)
- Waterproof storage bag or box for keys, phone, camera etc.
- Sunglasses with retaining strap and a Hat or Cap (If you wear contacts, please bring an extra pair)
- Bathing Suit or Synthetic Shorts, and a Synthetic Fabric Shirt (Please avoid wearing cotton)
- Windbreaker/light-weight rain jacket, Large beach towel and a Dry change of clothes
- Water resistant sunscreen, a Snack and a Large bottle of water
- Allergy medications for all severe reactions - bee stings, asthma, peanut allergies, etc.)
- FOR ISLAND TOURS, PLEASE BRING A BAG LUNCH as we will have lunch out on the islands

Directions to Classes

Intro to Sea Kayaking | Advanced Strokes and Maneuvers | Safety and Rescues | Bracing & Rolling | Standup Paddleboarding

Directions to Route 7 Pond
(129 DANBURY ROAD, WILTON, CT)

1. **FROM I-95**, take exit 15 and merge onto US-7N
2. US-7N will end at a signal. Turn right at the signal onto Grist Mill Road.
3. After .2 miles, Grist Mill road will end at a signal. Turn left at the signal onto Danbury Road.
4. Drive 1.6 miles on Danbury Road. The access road to the pond will be on the left between the electrical sub-station and Rings End Lumber.
5. Drive through the gate and down the gravel road. Once in the clearing, please park to one side of the clearing.

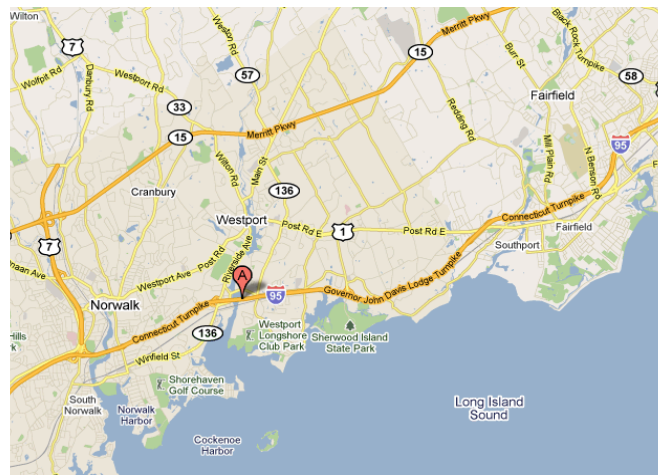


Directions to Tours

Sprite Island Tour | Cockanoe Island Tour | Westport Harbor Tour | Full Moon Tour | Sunset Tour | July Fireworks Tour

Directions to Saugatuck River Boat Launch
(1 ELAINE ROAD, WESTPORT, CT)

1. **HEADING NORTH ON I-95**, TAKE EXIT 17 and continue through the stoplight onto Park Street. Park St becomes Charles Street.
1. **HEADING SOUTH ON I-95**, TAKE EXIT 17 and turn right onto Saugatuck Avenue. Take the first left onto Charles Street.
2. At the end of Charles Street, turn left onto Riverside Ave.
3. Drive .2 miles and turn right onto Bridge Street.
4. Drive .5 miles and turn right onto Compo Road S.
5. Take the first right onto Elaine Road.
6. Entrance to the parking lot and launch will be up on the left just before the I-95 overpass.





Waiver and Release of Liability – Please Read Before Signing

In consideration of being allowed to participate in any way in Sea Kayak Connecticut’s operations, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

(Please Print Full Name)

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Sea Kayak Connecticut personnel immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Sea Kayak Connecticut, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
5. By Participating in or attending any activity in connection with this program, I consent to the use of any photographs or videos taken of me or provided by me for publicity, promotion, television, websites, printed materials or any other use and expressly waive any right of compensation, privacy, copyright or any other ownership right connected to these materials. [] Check here if you do not wish for your likeness to be used as mentioned above.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

X _____ DATE: _____
Participant Signature Printed Name

Address: _____ City: _____ State: _____ Zip: _____

For Parents/Guardians of participants of minority age (UNDER 18) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ DATE: _____
PARENT/GUARDIAN'S SIGNATURE (print minor name)

Confidential Medical Questionnaire

Participant's Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Medical History

Please describe condition/treatment where possible:

- | | |
|---|--|
| 1. Are you under treatment for any illness or condition?
Describe: | No Yes |
| 2. Are you currently taking any medication(s)?
Describe: | No Yes |
| 3. Do you have any disabilities?
Describe: | No Yes |
| 4. Do you feel forced to participate in this activity?
Describe: | No Yes |
| 5. Do you have any history of respiratory problems?
Describe: | No Yes |
| 6. Have you been directed to carry an inhaler or other breathing device?
Describe: | No Yes |
| 7. Do you have any allergies?
Describe: | No Yes |
| 8. Are you allergic to bee stings? | No Yes |
| 9. Have you been directed to carry an epi kit?
If so, is it with you now? | No Yes
No Yes |
| 10. Do you have a condition requiring regular medication? (e.g. diabetes, epilepsy, etc.)
Describe: | No Yes |
| 11. Have you had any injuries including back, spine, broken bones, dislocations, and sprains?
If so, please list injury, year of occurrence and current condition. | No Yes |



12. Do you have a history of heart problems? (High cholesterol, heart murmur, MI, surgery) **No Yes**
Describe:

13. Has your doctor told you to limit your activity in any way? **No Yes**
Describe:

Kayaking can elevate heart and respiration rates in participants and those with a history of heart and respiratory problems can be placed at great risk. If this is true for you, consult your physician before enrolling. If you are already on site and reading this for the first time, please speak with the instructor or trip leader regarding your condition and the suitability of the scheduled program.

14. Have you ever undergone surgery? **No Yes**
Describe:

15. Are you pregnant? **No Yes**
If so, How many months?

16. Are there any other factors that we should know about before we start this program? **No Yes**
Describe:

17. I have answered the above questions accurately and completely? **No Yes**

18. I believe that I am in good health and I affirm that my participation in Sea Kayak Connecticut activities will in no way aggravate any condition(s) present. If in doubt, I will seek and follow medical advice before participating. **No Yes**

19. Sea Kayak Connecticut staff has my permission to seek and/or administer emergency care in the event that the health and well being of the participant is involved; and the participant and/or guardian is unable to respond or cannot be reached at the time of the emergency; or due to the nature of the emergency, there is insufficient time to contact the parent or guardian. **No Yes**

FOR MINORS

20. I believe that my son/daughter/ward is in good health and I affirm that his or her participation in Sea Kayak Connecticut programs will in no way aggravate any condition(s) present. If in doubt, I will seek and follow medical advice before participating. **No Yes**

Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Emergency Contact _____ Phone _____