



Atlantic Canoe & Kayak Company

108-A Mattingly Avenue

Indian Head, MD 20640

301.292.6455

www.atlantickayak.com

Directions to Mattawoman Creek Mattingly Avenue Park - Indian Head, MD 20640

- From the Beltway (495):
- Take Exit 3 to Indian Head Highway (Route 210) South. Continue approximately 20 miles.
- Turn left on Mattingly Avenue (just before the military base) and continue approximately 0.6 miles to the park.

Please park at the top of the hill in the lot on the left. There are flush toilets next to the pavillion and playground, and we have a clean porto pottie next to our building. If the lot is full, you can park on Jennifer Drive, just up from the park. We are located in the building at the bottom of the hill near the boat ramps.

Checklist of What to Bring

- Drinking water or spot drink (plenty)
- Snack or lunch (waterproof)
- Sunscreen
- Shoes you don't mind getting wet or muddy (aqua shoes or booties)
- Hat or visor for sun protection and/or warmth
- Sunglasses with retaining strap (if you want to keep them)
- Nylon shorts are preferable to cotton—they dry more quickly
- T-shirt or tank top for warm weather
- Quick dry shirt for cooler weather
- Fleece or wool and windbreaker for cooler weather
- Rain gear if rain is expected
- Change of clothes and a towel (just in case—leave in car)
- Binoculars, camera, nature books, if desired



**RELEASE OF LIABILITY
& ASSUMPTION OF RISK AGREEMENT**

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in **Atlantic Canoe & Kayak Company's** (dba Atlantic Kayak Company, "AKC") operations, use of equipment, or its related events and activities,

I, _____, the undersigned, for myself, my personal representatives, assigns, heirs, and next of kin, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in paddlesports and related activities 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 there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time,
2. I KNOWINGLY, FREELY AND FULLY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF **AKC** or others, and assume full responsibility for my participation or that of the minor in these activities; 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 employees of **AKC** immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, COVENANT NOT TO SUE, AND HOLD HARMLESS **AKC**, 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 of "**AKC**", 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 **AKC** OR OTHERWISE, to the fullest extent permitted by law. I further agree that if I or anyone on my behalf, makes a claim against any of the releases, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.
5. By participating in or attending any activity in connection with this program, whether on or off the premises, I CONSENT TO THE USE OF ANY PHOTOGRAPHS, PICTURES, FILM OR VIDEOTAPE TAKEN OF ME OR THE MINOR or provided by me for publicity, promotion, television, websites, or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.

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 AND THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant's Signature Age: _____ Date Signed: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

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 **AKC**, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless **AKC** 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 **AKC**, to the fullest extent permitted by law.

Parent or Guardian's Signature (print name) Date Signed: _____

↙ OVER ↘



Atlantic Canoe & Kayak Company
13600 King Charles Terrace
Fort Washington, Maryland 20744
(301) 292 6455
www.atlantickayak.com

MEDICAL INFORMATION FORM

In order to be prepared to handle medical emergencies, we ask that you please fill in all information requested. Thank you!

Trip Date(s): _____ Trip Location: _____

Name: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

In case of emergency, notify: _____

Relationship: _____ Phone: _____

(1) Please describe your skill level and fitness for: Paddling: _____ Swimming: _____

(2) Do you have any medical conditions or physical limitations that we should be aware of or that may affect your participation? (These might include diabetes, epilepsy, high blood pressure, heart disease, any significant back, leg, foot, arm, or hand problems.)

No Yes If yes, please explain: _____

(3) Do you have any allergies, including allergic reaction to any drugs, insects, foods, or anything else (if you have severe insect allergies, you must bring medication to treat yourself in the event of a sting).

No Yes If yes, please explain: _____

(4) I am currently taking the following medications: _____

I agree that the above information is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____

For participants under age 18 at time of registration:

Parent or Guardian's Signature (print name) Date Signed: _____



OVER

