



WELCOME TO NICHOLS SURF SHOP, INC.

Nichols Surf Shop Kayak-SUP Release Form

I understand the purpose of signing this document is to exempt and release **Nichols Surf Shop**, its employees, its agents, its endorsers and its vessels (weather owned, operated, leased, or rented) from liability and to hold these entities harmless from any and all damages arising as a consequence of the following and/or other acts or omissions on their part, including but not limited to negligence. I acknowledge that I am fully informed of the inherent hazards and risks associated with non-motorized (i.e. Kayak / SUP) personal watercraft and related water sport activities in which I am about to engage.

I understand that there are inherent risks involved with kayaking, Standup Paddle Boarding including, but not limited to equipment failures, perils of the sea or waterways, act of other participants, adverse lagoon and weather conditions and I hereby assume such risks. I am physically/mentally able to participate in water sport activities in which I am about to engage and able to board and disembark for a kayak/SUP unaided and I will not hold **Nicholas Surf Shop**, its employees, agents, endorsers or other associated parties responsible if I am injured as a result of ANY problems (medical, accidental or otherwise) which occur while paddling or riding in the kayak/SUP or participating in the trip.

I understand I have a duty to exercise reasonable care of my own safety and I agree to do so. Water shoes, insect repellent, suntan lotion and water are my responsibility. I will alert my guide immediately during my trip or lesson if I am uncomfortable with my kayaking/SUP abilities.

I understand that the guides/instructors have limited medical facilities. Appropriate medical care must be summoned by phone and treatment will be delayed until I can be returned to shore and/or transported to a proper care facility.

Social Media

I understand that photos and/or videos may be taken and authorize Nichols to use such photos/videos for social media sites or slideshows.

I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND AGREE TO BE BOUND BY IT FROM THE DATE OF MY SIGNATURE AND FOREVER INTO THE FUTURE

Name(s)(please print) _____

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

Phone: _____ Email: _____

Signature: _____

Signature: _____

Signature: _____

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ONLY THOSE SIGNING FOR MINORS COMPLETE THIS SECTION (Under 18 years of age)

Parent / Guardian Name: (please print) _____

Date: _____

Minor Name: _____ Age: _____

Minor Name: _____ Age: _____

Minor Name: _____ Age: _____