

Boating Waiver
ACKNOWLEDGEMENT OF RISK, LIABILITY WAIVER, AND RELEASE

Name _____ Date _____
(Please print clearly)

Home Address _____

I wish to use a boat owned by Boston University's Sargent Center (BUSC), Hancock, New Hampshire. I am aware that boating includes physical risks, including but not limited to capsizing, hypothermia, and drowning.

Because canoes and kayaks can easily capsize, I recognize the importance of being able to remain calm and either self-rescue or stay afloat while waiting for assistance from shore. I hereby attest after entering deep water, I can float or tread water for 1 minute and swim at least 10 yards (American Red Cross standard for swimming). I also understand I must wear a properly fitted life vest at all times while I am in the boat. I have been properly oriented to using a canoe or kayak, including embarking, disembarking, body position, use of paddles, and capsizing procedure. If I have any questions in any of these areas, I will not proceed further until asking an instructor for help and/or input. I understand and will adhere to the stated load limits for each type of boat.

In consideration of the aforementioned, I hereby voluntarily agree to assume all the risks in connection with using a Sargent Center boat, and to release Boston University from and all liabilities and claims whatsoever arising in connection with my use of any boat, except insofar as such liabilities and claims arise out of BUSC's gross negligence or willful misconduct. I certify I am physically fit enough to take part in this activity.

The term Boston University shall include the corporation named Trustees of Boston University and its successors, trustees, officers, agents, representatives, contractors, and all persons for whose conduct the University is or could be legally responsible. I agree the laws of the Commonwealth of Massachusetts shall govern this waiver and release. I affirm I have read and understand this document.

Signature _____ Date _____

Signature of Parent or Guardian (Required if under 18) _____

(Please print clearly)

Address _____

City _____ State _____ Zip _____

Additional Children: _____
