MYSTIC BIKE & KAYAK

LIABILITY WAIVER AND RELEASE OF CLAIMS

MYSTIC BIKE AND KAYAK T	OURS	
Participant Name:		Date:
Address:		
City:	State:	Zip:
Phone:	Email:	
Emergency Contact Name:		
Phone:	Relation:	
Participatin	WARNING: Nature can be unpredic g in shoreline biking and kayaking in	
Bike and Kayak, I agree to the following. 1. Assumption of Risk: I unders	llowing: tand and acknowledge that participat	tour or bike rental, provided by Mystic ion in biking and kayaking involves risks, sible loss of personal property. I voluntarily
volunteers, and agents from	on in the tour or bike rental, regardless	ınd damages for injury, illness, or death
	ndemnify and hold harmless Mystic Bik enses that may arise from my particip	
	nat I am physically fit and have not be disclosed any medical conditions or co	
	t permission for Mystic Bike and Kayak se such images for promotional purpos	to photograph or video record me during ses.
By signing below, I acknowledge by it.	that I have read this waiver, understo	and its terms, and agree to be bound
Participant Signature:		Date:
IF PARTICIPANT IS UNDER 18 YEAR	S OF AGE:	
Parent/Guardian Name:		Date:

Parent/Guardian Signature: