

SAINT JOHN OUTDOOR ENTHUSIASTS (SJOE) - ASSUMPTION OF RISK WAIVER

I am aware that travel, whether in civilized or remote areas and whether by auto or other conveyance, or on foot, bicycle, canoe, kayak or the like, contains some inherent risks of illness, injury or death which may be caused by negligence of others, physical exertion for which I am not prepared, consumption of alcoholic beverages, other substances, forces of nature or other agencies known or unknown. I acknowledge that the enjoyment of SJOE club activities is derived in part, from the inherent risks incurred beyond the accepted safety of life at home or work and these risks contribute to such enjoyment, being a reason for my participation. I recognize that such risks may be present before, during and after an event or activity that I participate in under the arrangements of the **SJOE** as a member or guest. I am aware that medical services and facilities may not be readily available or accessible during some of the time that I am participating in events or activities. / In consideration of the right to participate in events and activities, I have and do hereby fully assume all risks of illness injury or death, and hereby release and discharge the **SJOE** its directors and members from all actions, claims or demands for damage resulting from participating in events and activities. I agree that the foregoing obligation shall be binding on me personally, as well as upon my heirs, executors and administrators, and all members of my family, including minors accompanying me. **I have carefully read this waiver and understand its contents. I am aware that this is a release of liability and sign it of my own free will and in its entirety.**

FIRST & FAMILY/LAST NAME in full:

Your signature: _____ Date(Mo/Day/Yr): _____ / _____ / _____

Also COMPLETE REVERSE SIDE. Keep this with you at all times, while participating in SJOE events

IN CASE OF EMERGENCY (SJOE) Top section MUST be completed. PRINT CLEARLY

FIRST & FAMILY/LAST NAME in full:

Emergency Contact #1: NAME (first/ last) _____

Tel 1 () _____ / **Tel 2 ()** _____

Emergency Contact #2: NAME (first/ last) _____

Tel 1 () _____ / **Tel 2 ()** _____

OPTIONAL: Your Date of Birth: Mo/Day/Yr _____ / _____ / _____

NB Medicare # _____

Allergies / Medical Conditions: _____

Also COMPLETE REVERSE SIDE. Keep with you at all times, while participating in SJOE events