

FLOAT PLAN. PLEASE FILL OUT AND READ CAREFULLY. THIS DOCUMENT EXPLAINS YOUR RISK.

Guest Services, Inc., Boston Outdoor Recreation, Inc. and their affiliates are referred below as the Company.

Step 1: Participant Information (This information is required; we will never sell or give away this information)

First Name: _____ Last Name: _____

Zip Code: _____ Phone: _____

Email: _____@

- About how long will I be out for?** 1 hour 1.5 hours 2 hours 2.5 hours 3 hours 3.5 or more hours
- How many people in your party?** 1 person 2 people 3 people 4 people 5 people 6 or more people

Step 2: Read and understand the risks and our rules

- **I have checked the current weather and water conditions** and I am aware of any related risks during the expected activity.
- I acknowledge that **I can comfortably float or swim in the water**. I understand that if **I am not comfortable in the water I should not go boating**. I understand that this is at my discretion.
- If the Company takes a picture of me I authorize the Company to use it in Company's marketing and promotional efforts.
- If I get hurt, I authorize the Company to call for medical help on my behalf and I will pay for all my medical fees.
- If I damage the Company's property I agree to pay the replacement value.
- I have a basic understanding of maritime rules of the road. I will stay in all channels and obey all rules. There are significant elements of risk associated with watersports and the outdoors. I acknowledge that some of these risks, including weather conditions, may cause boating to be difficult and dangerous. **I acknowledge that there is a possibility of my boat capsizing. If I see danger I will move away** from it and alert anyone else, I see on the water of its presence.
- I understand there is **no jumping or swimming** from the boats.
- The Company is not responsible for lost, stolen or damaged personal items. Personal items should be left behind in a secure location.
- I have read, understood and will **obey by all safety rules and boundaries**.
- **I certify that my ward or I am in good health** and can perform any strenuous activity required by renting these boats.

Step 3: Please read, understand, and initial

____ I have read, understand and accept all the above items in Step 2.

____ I understand that **I am responsible to wear my lifejacket properly fastened at all times**. If I have any questions about the fit of my lifejacket I will ask the Company staff before I participate in any on the water activity.

____ If the boat turns over and/or I find myself in the water, I will hold on to the boat.

____ I will be back by closing, if not a late fee will be charged. **If I hear 3 horn blasts I will return immediately.**

____ I understand that **I am participating in the activity at my own risk**. I understand that assistance by anyone will be on the basis of the Good Samaritan Law. I further understand that if any Company employee can see that I need assistance, they may come out to assist me but they are under no obligation to do so.

____ I understand that participation in the activities associated with the Company, including watersports, is inherently dangerous and may test a person's physical and mental limits. **Such activities have the potential for death, serious injury and property loss** to me or my ward, including but not limited to heat stroke, dehydration, sunburn, hypothermia, drowning, abrasions, contusions, muscle and other soft tissue strains and bruises, fractured bones, injuries to joints including knees, ankles and elbows, dislocations, concussions, and cardiovascular injuries including heart attacks and strokes. While the likelihood of serious injury is small, some of these injuries, by themselves or in combination, may lead to serious injury or even death.

Step 4: Sign stating you understand our agreement

I have read and understand the above statements and have had time to ask questions. I sign this statement voluntarily. I have the authority to sign on the behalf of any persons who I bring on the water, as I am a parent or legal guardian.

Signature (parent/legal guardian): _____ Date: ____ / ____ / ____

List the Minors for whom you have the authority to sign, if you have more than 3 please fill out another form.

First Name: _____ Last Name: _____ Age: _____

First Name: _____ Last Name: _____ Age: _____

First Name: _____ Last Name: _____ Age: _____