

POTOMAC PADDLESports

CRAB ALLEY TRIP INFO PACKET

Potomac Paddlesports' Intermediate Trips give you an opportunity to practice your skills while exploring some of the most scenic spots in our area. **Please review all of this information carefully at least one week prior to your trip.** You may contact us at any time with questions by calling 301-881-2628 or emailing us at info@potomacpaddlesports.com. For expert service when purchasing paddling clothing or equipment, please visit our retail store at 11917 Maple Avenue, Rockville, Maryland 20852.

This packet contains the following:

Page 2	List of things to bring
Page 3	Adult/minor liability release form (Bring a new copy to each trip)
Page 4–5	Medical questionnaire (Bring to your first trip. Bring a new copy to subsequent events <i>if information changes</i>)
Page 6	Directions and map for Crab Alley

A few notes and answers to the most frequently asked questions:

1. Please schedule or re-schedule your trips online.
2. You have up until 72 hours before a trip's start time to reschedule. Students who do not reschedule in time or who don't show up forfeit their lesson. No exceptions are made to this policy and we do not offer refunds.
3. You must provide all your own equipment, including kayak, paddle, sprayskirt and PFD.
4. Equipment rentals are available through our retail store in Rockville, MD. (See page 2 for directions.)
5. New liability release forms are required for each event. PLEASE COMPLETE YOUR PAPERWORK PRIOR TO ARRIVAL.
6. Please arrive and be prepared fifteen minutes prior to your trip start time. (Late arrivals will not be admitted to class.)
7. All trips meet rain or shine. A decision to postpone due to lightning or other dangerous conditions is made on-site at the last possible minute. (Mother Nature often cooperates if we wait-and-see.)
8. Paddling-specific apparel is required. Don't try to go on the cheap when it comes to your comfort. Visit our retail store for assistance with purchasing the right clothing for kayaking. A full 3mm wetsuit (covering arms and legs) is okay if you cannot swing a full "layering system," but you will eventually want better paddling clothing.
9. Please do not wait until the last minute to purchase your clothing and accessories.
10. During your trip, store your car key in a "Hide-a-Key" box somewhere on your vehicle.
11. For your safety and enjoyment, we request that you keep your personal information up-to-date via your schedule page. Please log in and update your info at www.potomacpaddlesports.com.

CHESAPEAKE PADDLESports

LIST OF THINGS TO BRING

The following list of things to bring is for your comfort, safety, and enjoyment of your on-water experience with us. ALL ITEMS ARE REQUIRED. Please call or visit our retail store for assistance. (See directions below.)

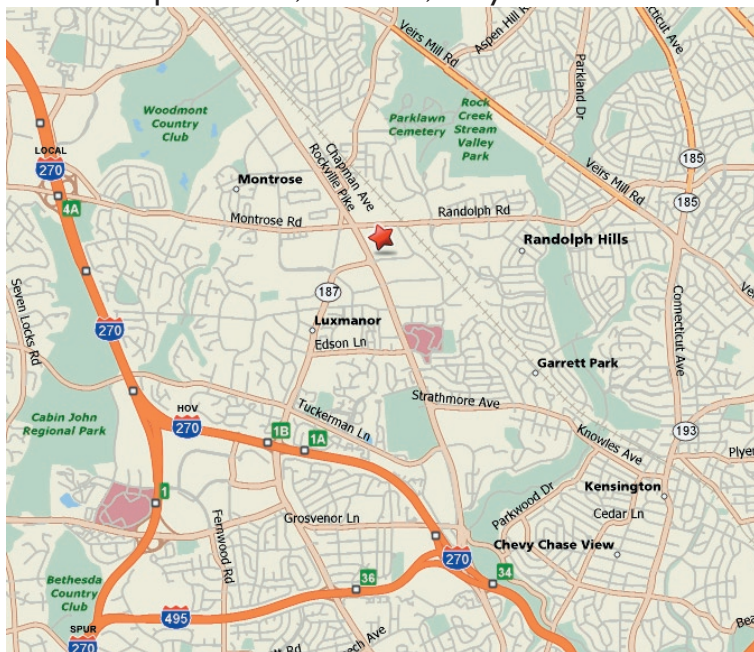
- Pre-completed Release of Liability
- Pre-completed Medical Form (only need this if anything has changed since your last trip.)
- Two liters of water
- Waterproof snack (Clif Bar, etc.)
- Allergy medication (Required for all severe reactions such as bee stings, peanuts, asthma, etc.)
- Shoes or sandals—with a firm sole—that can get wet
- Paddling-specific semi-dry jacket and synthetic under-layers (April-May and September)
- 3mm neoprene pants or shorts (April-May and September)
- Bathing suit and rash guard (June-August)
- Sunscreen
- Eyeglass strap (so you don't lose your expensive prescription lenses)
- Note to those who wear contacts: Bring extra. You will need to close your eyes while underwater.
- Kayak with proper outfitting
- Paddle
- Sprayskirt
- Coast Guard-approved touring PFD
- Tow System
- Paddle float
- Bilge pump
- Rescue Step
- Rescue Knife
- Tow System
- Waterproof storage case for your keys and wallet that can be secured to your person or kayak
- Towel and change of clothes
- Q-tips (optional)

Directions to our RETAIL STORE (not to trip!) at 11917 Maple Avenue, Rockville, Maryland 20852:

From DC Beltway (I-495) OUTER LOOP, take exit 34 (Rt. 355) north toward Rockville. Go approximately 2 miles through several traffic lights and make a right onto Randolph Road. At the first traffic light make a right onto Maple Avenue. The store is the second on the left.

From DC Beltway (I-495) INNER LOOP, take exit 36 (Old Georgetown Road) north toward Rockville. Go approximately 2 miles through several traffic lights and make a left onto Rockville Pike (Rt. 355). At the first traffic light make a right onto Randolph Road. At the first traffic light make a right onto Maple Avenue. The store is the second on the left.

From Rt. 270, take the Montrose Road exit. Go East on Montrose Road for 2 miles to the intersection of Rockville Pike (Rt. 355). Cross Rockville Pike and at the first traffic light make a right onto Maple Avenue. The store is the second on the left.



POTOMAC PADDLESORTS

WAIVER AND RELEASE OF LIABILITY READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any way in the Potomac Paddlesports Inc., sports and recreation program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of paddlesports and related activities and that I am qualified, in good health, in proper physical condition to participate in such Activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately notify the nearest official and discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) Paddlesports and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Potomac Paddlesports Inc., their respective ACA certified instructors, certified instructor trainers, and certified instructor trainer educators, administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. I further understand and agree that Potomac Paddlesports will not issue a refund under any circumstance.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

SIGNATURE: _____ DATE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

DATE OF BIRTH: _____ PHONE: (_____) _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PADDLESORTS AND RELATED ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(If participant is under the age of 18)

POTOMAC PADDLESPO RTS

CONFIDENTIAL MEDICAL QUESTIONNAIRE

Participant Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Phone (w) _____ (h) _____ Doctor _____ Phone _____

Medical History

Please describe condition/treatment where possible:

1. Are you under treatment for **any illness or condition**? **No** **Yes**
Describe:

2. Are you currently taking any **medication(s)**? **No** **Yes**
Describe:

3. Do you have any **disabilities**? **No** **Yes**
Describe:

4. Do you have any **fears or phobias**? **No** **Yes**
Describe:

5. Do you feel **forced to participate** in this activity? **No** **Yes**
Describe:

6. Do you have any history of **respiratory problems**? **No** **Yes**
Describe:

7. Have you been directed to carry an **inhaler or other breathing device**? **No** **Yes**
Describe:

8. Do you have any **allergies**? **No** **Yes**
Describe:

9. Are you allergic to **bee stings**? **No** **Yes**
Have you been directed to carry an **epi kit**? **No** **Yes**
Is it with you now? **No** **Yes**

10. Do you have a **condition requiring regular medication**? (e.g. diabetes, epilepsy, etc.): **No** **Yes**
Describe:

11. Have you ever had **any injuries including back, spine, broken bones, dislocations, sprains, soft tissue injury?** **No Yes**

LIST injury, year of occurrence and current condition:

12. Do you have a **history of heart problems?** **No Yes**

(i.e. high cholesterol, heart murmur, MI, surgery, etc.):

Describe:

13. Has your doctor told you to **limit your activity** in any way? **No Yes**

Describe:

Note: Research has demonstrated that kayaking can raise heart and respiration rates in any participant and that persons with heart and respiratory problem histories can be placed at extreme risk. If this is true for you, consult your physician. If you are already on site, you may be asked to limit your participation.

14. Have you ever undergone **surgery?** **No Yes**

Describe:

15. Are you pregnant? **No Yes**

How many months?:

16. Are there **other factors** we should know about you before you start this program? **No Yes**

Describe:

17. I have answered the above questions accurately and completely. **No Yes**

18. I believe that I am in good health, and I affirm that my participation in Potomac Paddlesports activities will in no way aggravate any condition(s) present. If in doubt, I will seek and follow **medical** advice before participating. **No Yes**

19. The staff at Potomac Paddlesports has my permission to seek and or administer emergency care for the participant in the event that: the health and well-being of the participant is involved; and the participant or parent / guardian is unable to respond or cannot be reached at the time of the emergency; or due to the nature of the emergency, there is insufficient time to contact the parent or guardian. **No Yes**

FOR MINORS ONLY

18. I believe that my son/daughter/ward is in good health, and I affirm that his/her participation in Potomac Paddlesports activities will in no way aggravate any condition(s) present. If in doubt, I will seek and follow **medical** advice before participating. **No Yes**

Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Please use reverse side of this page if additional space is needed to complete document.

POTOMAC PADDLESPO RTS

DIRECTIONS FOR CRAB ALLEY TRIP

The Crab Alley trip will depart from Stevensville, MD. For alternate routes, Mapquest "199 Shipping Creek Road, Stevensville, MD."

From DC, Baltimore and Annapolis:

1. Take Route 50 east towards the Bay Bridge
2. Cross over the Bay Bridge (toll required)
3. After about 1/2 mile, take the Rt. 8-South exit (exit 37) towards Romancoke.
4. After 5.5 miles, turn left on Shipping Creek Road.
5. Proceed about 0.3 miles and look for a Potomac Paddlesports instructor.

PLEASE have your waivers completed in hand and all your clothing and supplies ready to go fifteen minutes prior to start time so that we can start promptly.

