



**Long Point Island Hugger Tours / 261120687
Captain Graham Ferguson**

VESSEL: Island Hugger 1

Waiver of Liability

I UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED WITH TOURS and CHARTERING vessels on inland lakes, including **but not limited to** equipment failure, perils of the sea, acts of other participants, and adverse sea and weather conditions, and I HEREBY ASSUME SUCH RISKS. I UNDERSTAND THAT I HAVE DUTY TO EXERCISE REASONABLE CARE FOR MY OWN SAFETY AND I AGREE TO DO SO.

I am to my knowledge not experiencing symptoms of COVID 19 including, but not limited to Sore throat, Pink eye, Trouble breathing, fever over 37.9, lack of smell/taste. _____(Initial)

I agree to wearing a protective mouth and nose covering while aboard, supplied by the guest while aboard. ____ (Initial)

To my knowledge I have not been in contact with anyone with a confirmed case of COVID 19. _____(Initial)

I understand this vessel cannot ingest alcoholic drinks or smoking while aboard, underway or moored. _____ (Initial)

I understand that children 16 years and under will wear an approved lifejacket while on-water or board the vessel Island Hugger 1 at all times while under the captain's care for the duration of the tour or charter. _____ (Initial)

I understand any damages to the vessel's interior (floors, seats or canvas) not considered reasonable wear and tear will be fixed by the guardians of said children. _____ (initial)

I understand that the Captain, Graham J. Ferguson or his trusted relief captains will have the final word on safety and will call this tour or charter short if inclement weather is deemed dangerous for the group on board. _____ (Initial)

I assert that I am physically fit to ride on a boat and I will not hold the vessel "Island Hugger 1 and / or Captain Graham Ferguson of Long Point Island Hugger 1 Tours or the company staff or the locations the tour or charter destinations call to any liability to agents or other associated personnel responsible if I am injured as a result of ANY problems (medical, accidental or otherwise) which occur while chartering the boat or otherwise participating in the trip or a tour.

I fully understand that the vessel "Island Hugger 1" has limited medical facilities and that in the event of illness or injury, appropriate care must be summoned by radio and treatment will be delayed until I can be transported to a proper medical facility. I agree in advance to these conditions.

Long Point Island Hugger Tours / Captain Graham Ferguson and vessel "Island Hugger 1", have made no representations to me, implied or otherwise, that they or their crew can or will perform safe rescues or render first aid. In the event I show signs of distress or call for aid, I would like assistance and will not hold Long Point Island Hugger Tours /Captain Graham Ferguson or vessel "Island Hugger 1", their crew or passengers responsible for their actions in attempting the performance or rescue of first aid.

I agree to forever discharge and release Long Point Island Hugger Tours / Captain Graham Ferguson, vessel "Island Hugger 1" its employees and agents, the owner, Captain Graham Ferguson, vessel "Island Hugger 1" and affiliates, from any and all responsibility or liability for any and all injuries or damages. I agree NOT to make a claim against or sue any of the above parties for injuries or damages whether they arise or result from any NEGLIGENCE or other liabilities, EVEN IN CASES OF GROSS NEGLIGENCE. I further specifically agree, on behalf of myself, my heirs and assigns, to indemnify and hold harmless the released parties for any and all causes of action arising as a consequence of any incidents which might occur as a consequence of my participation in any activities with or involving the released parties.

I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND AGREE TO BE BOUND BY IT, FROM THE DATE OF MY SIGNATURE, FOREVER INTO THE FUTURE.

Signature: _____ Printed name: _____

Date of signature: _____ / _____ / _____ (This is understood to not expire.)

Contact information

Children's names: 1 _____ 2 _____

3 _____ 4 _____

Legal Guardian or Parent Names _____

Participant's full address:

Home phone (____) - _____

Cell Phone (____) - _____