Email Address		*		BOAT LEAVE TIME	AIVI
Whale Creek MARINA	Stra	PO Box 1 8 South Bayview Dr. athmere, NJ 08248 609-263-6093 ell: 609-231-1766		BOAT RETURN TIM	PM
Strathmere, NJ	Cel				
f 0	www.wl	nalecreekmari	na.com	Full day \$	
BOAT RENTAL AGREEMENT			All Boats Must Be Returned by 4:30 pm		
Date	# In boat			Net Rentals	
Name					
Where did you hear about Us					\$
		Minnows \$) \$
ALL BOATS MUST BE RETU		Squid	\$	Kavak	\$
TO THE DOCK BY 4:30 BOATS ARE NOT ALLOW		Bunker		SUP	\$
INLET OR OCEAN BY LAW CHILDREN 12 AND UNDER MU			\$	ROUSI	\$
		Mac/Fille	et \$	Handlines	\$
WEAR LIFE JACKET				Traps	\$
Thank you for boating with us.			TOTAL	\$	
Your patronage is very much appreciated.				TOTAL	Includes Sales Tax
In consideration of being allowed to participate in watersport events and activities and/or being provided with watersport recreational property or services, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible. And for my/our heirs, personal representatives or assigns: 1. ACKNOWLEDGEMENT OF RISKS, Acknowledge that some, but not all, of the risks or participating in the watersport activity include: (1) Changing water flow, tides, currents, wave action and ships' wakes: (2) Collision with any of the following: other participants, the watercraft, other watercraft, and manmade or natural objects: (3) Wind shear, inclement weather, lightning, variances and extremes of wind, weather and temperature: (4) My sense of balance, physical coordination, ability to operate equipment, swim and or follow directions: (5) The presence of insects and marine life forms: (7) Equipment failure or operator error: (8) Heat or "sun" related injuries or illnesses, including sunburn, sunstroke or dehydration: (9) Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of an accident. 2. EXPRESS ASSUMPTION OR RISK AND RESPONSIBILITY. Agree to assume responsibility for all risks of the activity, whether identified above or not. (EVEN THOSE RISKS ARISING OUT OF THE NEGLIGENCE OF THE RELEASEES NAMED BELOW). My/our participation in this activity is purely voluntary. I assume full responsibility for myself and any of my minor children for whom I am responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property and expenses thereof as a result of any accident which may occur while I/we participate in the activity (EVEN IF CAUSED, IN WHOLE OR PART, BY THE NEGLIGENCE OF THE RELEASEES NAMED BELOW). I agree to wear a U.S. Coast Guard approved personal flotation device (life jacket) while participating in the activity or riding in any watercraft. 3. RELEASE: I hereby release					
Participant Name (printed)				9	7
Signature					

If participate is under 18, the parent or legal guardian must also sign

Telephone number of phone ON BOAT WITH YOU___