

LIQUID ADVENTURES KAYAK SCHOOL
25 ERICSSON RD, CABIN JOHN, MD 20818

AFFIDAVIT

(Please notarize this form by both parents or legal guardians.)

To whom it may concern:

I, _____, hereby grant

permission for my child, _____,
to travel with Tom McEwan and the Liquid Adventures Staff, and cross
the border into Canada for a kayaking trip, _____.
date

Signed,

parent or guardian, date

Address _____

Signed,

parent or guardian, date

Address _____

