

PARKLAND PADDLING CLUB Inc.
ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY AND CLAIMS

WARNING: By signing this form, you give up your right to bring to court action to recover compensation for any injury to yourself or your property or for your death arising out of participation in this (these) club program / event (s).

In consideration of being allowed to participate in any way in the Parkland Paddling Club Inc. activity/ athletic/ sports/ adventure/ instructional/ trip/ competition/ event/ program, related events and associated activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, technique, equipment, training, instruction, knowledge, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest club representative, official, volunteer, leader, instructor immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS PARKLAND PADDLING CLUB Inc. their officers, officials, agents and/or employees, guides, instructors, leaders, volunteers, members, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the program or event WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS ENTIRE AGREEMENT, AND FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Date Signed: Date _____/Month _____/Year _____

PARTICIPANT'S NAME (please print) _____ SIGNATURE _____

PARTICIPANT'S BIRTHDAY D _____/M _____/Y _____

WITNESS NAME (please print) _____ SIGNATURE _____

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

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

PARENT/GUARDIAN'S NAME (please print) _____ SIGNATURE _____

PARTICIPANT'S DATE OF BIRTH D _____/M _____/Y _____

EMERGENCY PHONE NUMBERS DURING PROGRAM HOURS _____

WITNESS NAME (please print) _____ SIGNATURE _____