## **LUCY'S KAYAKING ADVENTURES WAIVER**

## PARTICIPANT RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

## \*\*\*READ BEFORE SIGNING\*\*\*

Organization Name: <u>Lucy's Kayaking Adventures</u>	
Participants Name: (Please Print)	
In o	consideration of being allowed to participate in any way in kayaking, I the undersigned, acknowledge, appreciate, and agree that:
1.	I acknowledge that kayaking is a recreational activity and that such activities are subject to mishaps and even injury, including permanent paralysis and/or death.
Init	tial Here
2.	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.
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3.	I willingly agree to comply with terms and conditions for participation, which includes the use of the Personal Floatation Device provided to me by Lucy's Kayaking Adventures. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
Init	tial Here
4.	By participating in or attending any activity relating to this program, whether on or off the premises, I consent to the use of any photographs, pictures, film, or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.
Init	tial Here
5.	I further agree that I WILL NOT SUE OR MAKE CLAIM against Lucy's Kayaking Adventures for damages or other losses sustained because of any injury, or death, sustained from my participation in kayaking activities. I hereby expressly recognize that this RELEASE OF LIABILITY, Waiver of Legal Rights and Assumption of Risk is a contract pursuant to which I have release any and all claims against Lucy's Kayaking Adventures.
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I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.	
Pai	rticipants Signature: Age: Date:
FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR 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 Releases, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releases from all liability incidents to my minor child's involvement of participation in these programs as provided above. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, fully permitted by law.	
Na	mes of minors:
Pai	rent/Guardian Name: Date: (Please print)
	rent/Guardian Signature:
Em	ergency Contact Name:
Em	ergency Phone Number(s):