HAW RIVER CANOE & KAYAK COMPANY

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT ***READ BEFORE SIGNING***

Group/Organization Name				
Pa	rticipant Name			
Trip/Course		Time	Dat	e
	consideration of being allowed to participate in any way ir dersigned, acknowledge, appreciate, and agree that:	n the program, relate	d events and	activities, I the
1.	he risk of injury from the activities involved in this program is significant, including the potential for ermanent paralysis and death.			
2.	KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM HE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.			
3.	willingly agree to comply with terms and conditions for participation. 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.			
	INDEMNIFY, AND HOLD HARMLESS THE HAW RIVER CANOE & KAYAK COMPANY, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lesors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND			
	S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTA EELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.		IGNING IT, A	AND SIGN IT
Pai	ticipant's Signature		Age	Date
FO	R PARENTS/GUARDIANS OF PARTICIPANT OF MINOR A	GE (under age 18 at	time of reg	istration)
to I re mi	is is to certify that I, as parent/guardian with legal respon his/her release as provided above of all the Releasees, and elease and agree to indemnify and hold harmless the Relea nor child's involvement or participation in these programs GLIGENCE OF THE RELEASEES, to the fullest extent permit	d, for myself, my hei asees from any and a s as provided above,	rs, assigns, a Ill liability ind	and next of kin, cidents to my
Pai	rent/Guardian Signature	Date	Emergency	Phone Number
Yo	u can mail the form to: Haw River Canoe & Kayak Co. • PO Box	22 • Saxapahaw, NC	27340, or pre:	ss Send Form below.