

Place \_\_\_\_\_ **Level I Introduction to Kayaking** Date \_\_\_\_\_

RELEASE OF LIABILITY & PARTICIPANT AGREEMENT

By signing this document, you will waive certain legal rights including the right to sue. Please read carefully:

In consideration of being allowed to participate in any way in the Level 1 Introduction to Kayaking class, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

I fully understand and agree that these activities have inherent risks, dangers and hazards and that my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability. These risks and dangers may be caused by the negligence of the owners, employees, officers or agents of The Dickinson County Conservation Board, the negligence of the participants, the negligence of others, accidents, breaches of contract, the unpredictable forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, water levels, weather conditions, risks associated with capsizing a kayak, including hypothermia and drowning, and any hazards and dangers that are integral to recreational activities and/or use of equipment, including wading, swimming, hiking, portaging, camping and animals that may cause harm.

I confirm that I am physically capable and fit to participate in this activity and I have no medical conditions or needs other than those listed below. I confirm that I am at least 18 years of age. I have been advised that I must wear an approved personal flotation device at all times while on the water and that I must not be under the influence of alcohol or any mind-altering substance, and will not carry, use or consume these substances before or during my scheduled activity.

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.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_