

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING.

GUEST PADDLER WAIVER 2017

Name of Club: Mohawk Canoe Club COVERAGE TERM: 02/12/2017 - 2/11/2018

In consideration of being allowed to participate in any way in this sports activity, related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury from the activities involved in this sport is significant, including the potential for permanent paralysis and death; and while particular rules, equipment, 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 unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the PADDLESPORT RISK MANAGEMENT, LLC; Mohawk Canoe Club; their officers & directors, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, volunteers, coaches, steerers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I also acknowledge that photographs and video may be taken of me in my participation in, and attendance at this event, and hereby freely agree to allow without restriction all uses of such photos and videos in the reporting of this race, and/or in the promotion of this event, its location, other sporting events, sport in general, and/or related purposes. I HAVE READ THIS RLEASE 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.

(Participant/Member Name: PLEASE PRINT	
Signature: Ph	none: Date:
that I, as parent/legal guardian with legal responsibility of provided above, of all the Releasees, and, for myself, my hold harmless the Releasees from any and all liabilities in	AGE 18 AT THE TIME OF REGISTRATION) This is to certify for this participant, do consent and agree to his/her release as y heirs, assigns, and next of kin, I release and agree to indemnify and neident to my minor child's involvement or participation in these M THE NEGLIGENCE OF THE RELEASEES, to the fullest extent d video release set forth above.
Parent/Legal Guardian Name and Address (PLEASE PR	UNT)
Address:	Emergency Contact #
Signature of Parent/Legal Guardian:	Date:
(Mail to Ruth Gibson, 15 Andrea Lane, Mercerville, NJ	08619)

Address: