

ONE FORM
PER FAMILY

COLLINSVILLE CANOE & KAYAK ("CCK")
41 Bridge St (Route 179), Collinsville, CT 06022, (860) 693-6977
www.collinsvillecanoe.com

ONE FORM
PER FAMILY

**PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK
AGREEMENT**

*****READ BEFORE SIGNING*****

Initial: I acknowledge that I am a competent swimmer and that no lifeguards are on duty.

In consideration of being allowed to participate in related events and activities (the "Activities") offered by CCK, I the undersigned, acknowledge and agree that:

1. Paddlesports and cycling activities are inherently dangerous, and the risk of injury from the Activities is significant, including the potential for permanent injury, paralysis, and death. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, and **assume full responsibility for my participation and my ability to swim (for paddle sports)**.
2. I, for myself and on behalf of my heirs, and, personal representatives, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Collinsville Canoe & Kayak and their respective owners**, officers, managers, agents, and/or employees, as well as other participants in the Activities and CCK's sponsors, advertisers, (collectively, the "RELEASES"), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, ACCIDENT OR DEATH** I may suffer arising from or in connection with my participation in any Activities, as well as or loss or damage to any other person or property, to the fullest extent permitted by law.

Personal Responsibility

The Participant and his/her parent(s) or legal guardian(s) certify that the Participant has no physical or mental condition that precludes him/her from participating in the Activities and that he/she is not participating against medical advice. The Participant and his/her parent(s) or legal guardian(s) understand that the Participant's participation in the Activities is voluntary and further understand that they have the opportunity to inspect the Host's equipment, facilities, and vessels before any participation. The Participant and his/her parent(s) or legal guardian(s) understand that the Participant is obligated to follow the rules of the Activities, including wearing a PFD and/or helmet, and that he/she can minimize his/her risk of injury by doing so and through the exercise of *common sense* and by being aware of his/her surroundings. If while participating in the Activities, the Participant or his/her parent(s) or legal guardian(s) observe any unusual hazard or condition, which they believe jeopardizes the Participant's safety or that of others, the Participant and /or his/her parent(s) or legal guardian(s) will remove Participant from participation in the Activities and immediately bring said hazard or condition to the attention of the Host. To the extent that any portion of the Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the host and its counsel in any proceeding.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, INCLUDING THE RIGHT TO SUE, AND SIGN IT FREELY AND VOLUNTARILY.

Today's Date: _____

Participant Names: _____
(18 and over)

Participant Signatures: _____

Participant Address: _____ City: _____ State: _____ Zip: _____

Participant Cell #'s: _____

Add my email to the e-newsletter: _____

Emergency Contact Person: _____ Emergency Contact Phone: _____

_____ I am not aware of any aspects of my health history that would prohibit or complicate this activity for me.

_____ I am aware that the following aspects of my health could prohibit or complicate this activity for me.

Please explain: _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER 18 YEARS AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do hereby grant release on behalf of said minor and on my behalf.

Parent/Guardian Name: _____ Signature: _____

Name and Age of Minors: _____