

# White Water Adventurers, Inc.

P.O. Box 31, Ohiopyle, PA, 14570, 1-800-992-7238

## PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT ON LOWER YOUGH

**Please print clearly one letter per box. Each camper/staff must complete an agreement to participate. Required fields\***

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Mailing Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip code \_\_\_\_\_

\*Trip Date \_\_\_\_\_

\*Rally Time \_\_\_\_\_

\*Group Leader: \_\_\_\_\_

**\*Check if you have any of the following conditions:**

Heart Condition \_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Other \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

\*Are you currently taking any medications we should know about? \_\_\_\_\_ \*M \_\_\_\_\_ F \_\_\_\_\_

**\*\*\*Read Carefully Before Signing\*\*\***

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both know and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, or others, and assume full responsibility for my participation.
3. I 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.
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** White Water Adventurers, Inc., its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors 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.

I understand that White Water Adventurers, Inc. reserves the right to take photographs or films of any of its river tours, and I hereby agree that White Water Adventurers, Inc. may use such photographs or films containing my picture for promotional and/or commercial purpose.

**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.**

Signature \_\_\_\_\_ \*Age \_\_\_\_\_ \*Date \_\_\_\_\_  
Participant's Signature

**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 Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

Signature \_\_\_\_\_ \*Date \_\_\_\_\_ \*Emergency Phone Number \_\_\_\_\_  
Parent/Guardian Signature

**PLEASE RETURN THIS FORM TO TAMARACK CAMPS BEFORE JUNE, 1 2009**