



ASSUMPTION AND ACKNOWLEDGMENT OF RISKS WAIVER – MEDICAL RELEASE WAIVER

In consideration of participation of the Voyagers Canoe Trips, and its related events and activities, the undersigned [Parent/Guardian], acknowledges, appreciates, and agrees that: The risk of injury from the activities involved in the Voyagers Canoe Trips does exist. And while particular rules, equipment, and personal discipline reduce this risk, the risk of serious injury does exist.

The parent or guardian KNOWINGLY AND FREELY ASSUME SUCH RISKS, and assume full responsibility for the participation of the attendee.

The parent or guardian willingly agree that the attendee will comply with the stated and customary terms and conditions for participation. The parent or guardian, on behalf of heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the The Voyagers Canoe Trips, its officers, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releases”), 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, to the fullest extent permitted by law. 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.

X _____ Age: ____ Date Signed: _____ . PARTICIPANT’S SIGNATURE
_____ .

PARTICIPANT’S NAME FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY 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 Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident 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.

Medical Waiver:

In the event of illness or injury, I do hereby authorize the activity supervisor to consent to whatever emergency medical, care is considered necessary in the best judgment of the attending physician. I agree to have such medical administered care whether or not I am contacted first. I understand that an attempt will be made to contact me, by phone if possible, before such care is administered. Phone number(s) where parent(s)/guardian(s) can be reached on the day of the trip: ☐

X _____ .

PARENT/GUARDIAN’S SIGNATURE EMERGENCY PHONE #(s) _____ .

Date Signed: _____ .