

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT ***READ BEFORE SIGNING***

Organization Name (if applicable):		
Participant Name:		
In consideration of being allowed to participate in any vundersigned, acknowledge, appreciate, and agree that:	vay in the program	, related events and activities, I the
1. The risk of injury from the activities involved in this paralysis and death.	program is signific	cant, including the potential for permanent
2. I KNOWINGLY AND FREELY ASSUME ALL S ARISING FROM THE NEGLIGENCE OF THE RE participation.		
3. I willingly agree to comply with terms and conditions during my presence or participation, I will remove myse nearest official immediately.		
4. I, for myself and on behalf of my heirs, assigns, person INDEMNIFY, AND HOLD HARMLESS THE VIROUTE and/or employees, other participants, sponsors, advertise to conduct the event (RELEASEES), from any and all to any INJURY, DISABILITY OR DEATH I may suffer ARISING FROM THE NEGLIGENCE OF THE REPERMENT OF THE REPERMENT.	GINIA OUTDOO ers, and, if applical claims, demands, loffer, or loss or dam	R CENTER, its officers, officials, agents ble, owners and lessors of premises used osses, and liability arising out of or related tage to person or property, WHETHER
5. Any dispute between Provider and me or the minor claws of the State of Virginia (not including laws which mediation or suit shall take place only in that State, in the	might apply the la	ws of another jurisdiction), and any
I HAVE READ THIS RELEASE OF LIABILITY A UNDERSTAND ITS TERMS, UNDERSTAND THA SIGNING IT, AND SIGN IT FREELY AND VOLU	T I HAVE GIVE	N UP SUBSTANTIAL RIGHTS BY
X		
Participant's Signature	Age	Date
FOR PARENTS/GUARDIANS OF PARTICIPANT REGISTRATION) This is to certify that I, as parent/gronsent and agree to his/her release as provided above conext of kin, I release and agree to indemnify and hold hamy minor child's involvement or participation in these participation in the par	uardian with legal of all the Releasees armless the Release or ograms as provid	responsibility for this participant, do s, and, for myself, my heirs, assigns, and ees from any and all liability incidents to ed above, EVEN IF ARISING FROM
X		
XParent / Guardian Signature if under 18 yrs.	Date	Emergency Phone Number(s)

Replacement Cost of Lost or ICanoe paddle		
- the Francisco	\$10	
 Kayak paddle 	\$20	
• Tube	\$20	
 Life Jacket 	\$25	
 Otter Kayak (K-1) 	\$250	
 Loon kayak (K-1) 	\$385	
• Twin Otter (K-2)	\$450	
 Old Town Canoe 	\$500	
I agree to pay for the above equ Virginia Outdoor Center in the	pment if I lose or damage it so tha ental or instructional program.	t it can no longer be used by
	Signature	
	Name (please	print)
	Date	
theirs.	ust have a parent/guardian sign	their names under or besid