

River City Paddlesports LLC. Louisville Kentucky

www.rivercitypaddlesports.org

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

River City Paddlesports LLC adheres to our adopted safety procedures, ask your volunteer trip leader for copies if you wish to read them. Our safety record is very good. 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. There is a risk of injury from the activities involved in this program, including the potential for permanent paralysis and death.
- 2. 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.
- 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 representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS River City Paddlesports LLC, 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 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		
Participant's Signature	Date	
FOR PARENTS/GUARDIANS OF F	DARTICIDANT OF MIL	OR ACE
•		OR AGE
(UNDER AGE 18 AT TIME OF RE	•	
This is to certify that I, as paren	t/guardian with lega	responsibility for this participant, do consent and
next of kin, I release and agree	to indemnify and ho	Releasees, and, for myself, my heirs, assigns, and dharmless the Releasees from any and all liability pation in these programs as provided above, EVEN IF
•	•	, to the fullest extent permitted by law.
X		
Parent/Guardian	Date	