United States Canoe Association

Competition ★ Cruising ★ Conservation ★ Camping ★ Camaraderie ★

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY
UNITED STATES CANOE ASSOCIATION CLUB LIABILITY
PLEASE READ BEFORE SIGNING

NAME OF CLUB: FLORIDA SPORT PADDLING CLUB YEAR 02/11/09-02/11/10

In consideration of being allowed to participate in any way in the **UNITED STATES CANOE ASSOCIATION** athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:
The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other and assume full responsibility for my participation; and,
I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, 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; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the **UNITED STATES CANOE ASSOCIATION, Inc**, and **FLORIDA SPORT PADDLING CLUB** their 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 ("RELEASEES"), 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.

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.

_____ _____ Date: _____
*(Participant Name – **Please Print**)* *(Participant's Signature)*

_____
Participant Address

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE 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 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.

X_____ _____ _____
(Parent/Guardian Signature) *(Emergency phone number)* *Date*