

CANTON CANOE WEEKEND

05/06-08/2022

PARTICIPANT RELEASE OF LIABILITY WAIVER

In consideration of being allowed to participate in any way in this sports activity, related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury or illness from participating in the activities involved in this sport 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 or illness 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 others and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation.

If I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard 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 **PADDLESPORT RISK MANAGEMENT, LLC; CANTON CANOE WEEKEND;** their officers & directors, officials, agents, and/or employees, other participants, sponsoring agencies, commissions, sponsors, advertisers, volunteers, coaches, steerers, 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 also acknowledge that photographs and video may be taken of me in my participation in, and attendance at this event, and hereby freely agree to allow without restriction all uses of such photos and videos in the reporting of these activities, and/or in the promotion of this event, its location, other sporting events, sport in general, and/or related purposes.

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.

PLEASE COMPLETE ALL SECTIONS

	Address:
(Participant Name: PLEASE PRINT)	
Email Address:	Emergency Contact Name:
Phone:	Phone:
Signature:	Date:
as parent/legal guardian with legal responsibility for this parall the Releasees, and, for myself, my heirs, assigns, and Releasees from any and all liabilities incidental to my min	E 18 AT THE TIME OF REGISTRATION) This is to certify that I, rticipant, do consent and agree to his/her release as provided above, of next of kin, I release and agree to indemnify and hold harmless the nor child's involvement or participation in the programs as provided F THE RELEASEES, to the fullest extent permitted by law. I further
Parent/Legal Guardian Name & Address: (PLEASE PRINT)	Minor DOB:
Address:	Emergency Contact #
Signature of Parent/Legal Guardian:	Date: