Participant Release of Liability
Assumption of Risk Agreement
*** Read before Signing***

Organization Name: Hocking Valley Canoe Livery and Fun Center

Participant Name: _____

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. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

2. **I KNOWLING AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others and assume for responsibility for my participation.

3. I willingly agree to comply with the terms and conditions for participation. If I observe and 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. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressively waive any right of privacy, compensation, copyright or other ownership right connected to same.

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEARBY RELEASE, INDEMIFY, AND HOLD HARMLESS HOCKING VALLEY CANOE LIVERY AND FUN CENTER**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event **(RELEASES),** 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 NELIGENCE OF THE RELEASES 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 VOLUNTAILY WITHOUT ANY INDUCEMENT.

   X_____ _____ _____

   Parent/Guardian Signature Date Emergency Phone Number

FOR PARENTS/GAURDIANS OF PARTICIPATION OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all of the Releases, and, for myself, my heirs, assigns, and next to kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIENCE OF THE RELEASES, to the fullest extent permitted by law

X_____ _____ _____

Parent/Guardian Signature Date Emergency Phone Number