

ASSUMPTION OF RISK AND RELEASE FORM
Coeur d'Alene Canoe and Kayak Club

Participant Name _____ Date: ____/____/____
Address _____
City, State, ZIP _____
Phone (Eve) _____ (Day) _____
Emergency Contact _____ Phone: _____
Sex Male ____ Female ____

ASSUMPTION OF RISK AND RELEASE FORM: Injuries to participants in small craft programs may occur from risks inherent in the sports or activities; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or racing rules; from the use of transportation to and from regattas, races and other events and from administration of first aid. For example, I might slip and fall; I might be struck by part of a boat; my boat might capsize or I might be thrown overboard into cold water; it may hit another boat or run into an obstruction or the shore, and the collision injure me. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death. I will be exposed to the weather, including rain, wind, cold and sun; I might become ill through chill or suffer sunburn and heat exhaustion. In order to avoid injuries I will obey the directions of my instructors and will follow all safety rules. I will tell my instructor about any limitations or medical restrictions on my participation.

In consideration for my acceptance as a participant, I agree to assume the risks, release and hold the Coeur d'Alene Canoe and Kayak Club, its members, its advisory councils, its sponsoring organizations, and their employees and agents harmless from claims for injuries and damages, which may occur from or as a result of my participation in the program. I agree that this assumption of risk and release shall bind my heirs and my estate. Authorizing signature below acknowledges having read all statements above. Participant's signature required, or the signature of a parent or guardian is required for participants under 18 years.

Signature of Participant: _____ Date: ____/____/____

Signature of Parent or Guardian (if under 18): _____ Date: ____/____/____

Parent or Guardian signature required for participants under the age of 18.