

PARADE OF PADDLES

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!

Registration & Safety Standards, Rules, and Waiver

SAFETY STANDARDS AND RULES

Sault Ste. Marie Region Conservation Authority (hereinafter referred to as SSMRCA).

I, being above the age of eighteen, or the legal guardian of a member who is under eighteen, in consideration of the Parade of Paddles, will abide by the following safety standards and rules for any activity run by SSMRCA or its agents.

1. Personal Flotation Devices will be worn and fastened correctly while in a canoe/kayak
2. All instructions pertaining to safety will be complied with immediately.
3. Leaders may clearly lay out safety standards or rules for specific activities not contained in this list. All must be adhered to.
4. Do not take part in specific activities you are not comfortable with, however. It might mean that the group will need to adjust their schedule. If you anticipate an activity which demands a higher skill level than you have, please do not over-represent your skill.

ACKNOWLEDGEMENT OF RISKS

I understand and acknowledge that the activity I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in injury, death, illness, disease or damage to myself, to my property, to other participants, to spectators, or to other third parties. Among these risks are the following:

1. the nature of the activity itself,
2. acts or omissions by SSMRCA, its agents or employees, and or other persons,
3. latent or apparent defects in equipment supplied by SSMRCA, or other persons,
4. use or operation, by myself or others of equipment supplied by the Parade of paddles, or other persons
5. acts of other participants in this activity, employees or agents of SSMRCA, or other persons,
6. weather conditions
7. contact with plants or animals
8. my own physical condition, or my own acts or omissions
9. conditions of roads, trails, waterways, or terrain, and accidents connected with their use,

I understand and acknowledge that the above list is not complete or exhaustive, and that other risks known, or unknown, identified or unidentified, anticipated or unanticipated may also result in injury, death, illness, disease or damage to myself, to my property, to other participants, to spectators, or to other third parties. I expressly accept these risks and those not specifically listed above as well.

PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION OF PHYSICAL CONDITION

I understand and acknowledge that no medical insurance benefits will be provided to me during this activity. I certify that I have sufficient health and accident insurance to cover any bodily injury I may incur while participating in this activity. If I have no such insurance, I certify that I am capable of personally paying for all such expenses. I am in good health and able to participate in this activity.

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I am aware that the sport of paddling entails risk of injury and/or death to myself, other participants and other third parties as a result of my actions. My participation is entirely voluntary and I elect to participate in spite of the risks.

1) TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against the **Sault Ste. Marie Region Conservation Authority** and its members, officers, employees, agents, volunteer and independent contractors (all of whom are hereinafter collectively referred to as the "the Releasees")

2) TO RELEASE THE RELEASEES from any and all liability for any loss, damage or injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in **The Parade of Paddles** event due to any cause whatsoever INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE.

_____ (Initial here that you have read paragraph 2.)

I verify, acknowledge & accept the above rules, risks, insurance/health limitations, & waiver:

Name of Participant _____ Date _____

Name of Parent / Guardian (Participant under 18) _____

I authorize the above mentioned participant under 18 to participate

- Yes
- No

Participant Information

Name _____

Street/Box # _____ City _____

Prov _____ Postal Code _____ Phone _____

Please Check _____ Age _____

- Male
- Female

Emergency Contact Information

Name _____ Relationship to Participant _____

Street address (if different than above) _____

City _____ Prov _____ Postal Code _____

Phone

Please fully answer all questions

1. Describe your paddling experience...(i.e. Have you paddled more than 5km in one day...are you comfortable with swift current?,etc.)

2. Is there anything we should know pertaining to your health?

Yes No

If yes, please describe

3. Do you know how to swim?

Yes No

4. Are you a strong swimmer?

Yes No

5. Do you have any first aid certification?

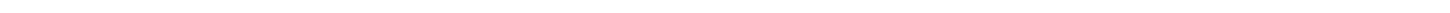
Yes No

If yes, please describe

6. Describe your boat (length,colour etc)

You will bring all of the safety gear required to meet Canadian Coast Guard regulations

Yes	Buoyant heaving line	Bailer
Paddles	Whistle	Approved PFD



I CONFIRM THAT I AM 18 YEARS OF AGE OR OLDER, THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Signature of Participant

Date

Signature of Parent/Guardian if needed)

Date