White Water Adventurers of Maryland Inc., P.O. Box 31, Ohiopyle, PA 15470, 1-800-992-7238

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT ON UPPER YOUGH RIVER

Please print clearly one letter per box. Each participant must complete an agreement to participate. Required fields*

*First Name _____ *Last Name _____

*Trip Date_____
*Rally Time_____
*Group Leader:_____
*Raft #_____

*Mailing Address _____

*City _____ *State _____ *Zipcode _____

Email Address _____

Providing an email address implies acceptance to receive mailings from White Water Adventurers of Maryland, Inc. White Water Adventurers of Maryland, Inc. does not sell or provide guest names to anyone.

***Check if you have any of the following conditions:**

Heart Condition_____Allergies_____Asthma_____Diabetes_____Other_____*Date of Birth_____

*Are you currently taking any medications we should know about?_____*M____F____

Read Carefully Before Signing

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 KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both know and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, or others, and assume full responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation. If 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.

4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** White Water Adventurers of Maryland, Inc., 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 NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.

   I understand that White Water Adventurers of Maryland, Inc. reserves the right to take photographs or films of any of its river tours, and I hereby agree that White Water Adventurers of Maryland, Inc. may use such photographs or films containing my picture for promotional and/or commercial purpose.

   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.

Signature_____ *Age____ *Date_____

Participant's Signature

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal repsonsibility 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 liability incidents 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.

Signature_____*Date_____*Emergency Phone Number_____

Parent/Guardian Signature Signature

Please Give Completed Form To Your Group Leader - Turn In On Day Of Trip