

**ADIRONDACK RIVER OUTFITTERS, INC.  
PARENT/GUARDIAN PERMISSION FORM**

I hereby grant permission for my child \_\_\_\_\_ to participate in whitewater rafting, biking, kayaking, camping, tubing or canoeing at ADIRONDACK RIVER OUTFITTERS, INC. on (date) \_\_\_\_\_, and I hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's use of rafting, biking, kayaking, camping, tubing or canoeing equipment and my child's participation in rafting, biking, kayaking, camping, tubing or canoeing activities; (b) my child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risks of falling out of a raft, kayak, tube or canoe, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment, and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear an approved personal flotation device at all time while on the water. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances before during her/his scheduled activities.

Any claims or dispute arising from my child's participation in ADIRONDACK RIVER OUTFITTERS, INC. activities Or use of ADIRONDACK RIVER OUTFITTERS, INC. equipment shall be venued in the Town of Webb, NY Justice Court of the County or State Supreme Court in Herkimer County.

My child is in good health and is at or above the minimum age stated in the ADIRONDACK RIVER OUTFITTERS, INC. advertising for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems, which will present any risk to his/her participation in the activities. I permit the use of any photos, slides, films, videos or sketches of him/her taken during the day's activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors.

**I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ADIRONDACK RIVER OUTFITTERS, INC. RAFTING, BIKING, KAYAKING, CAMPING, TUBING OR CANOEING ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.**

Group Name (if applicable) \_\_\_\_\_

Parents Name (Print) \_\_\_\_\_

Parents Signature \_\_\_\_\_

Street and Apt. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Trip Date \_\_\_\_\_

Child's Signature \_\_\_\_\_