

Email

WAIVER OF LIABILITY AND ASSUMPTION OF RISK FOR PARTICIPANTS OVER THE AGE OF MAJORITY

Participants must agree to and initial paragraphs 1-5 and sign this agreement before participating in any Paddle Canada course.

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. READ CAREFULLY.

In consideration for the opportunity to participate in an educational kayaking, canoeing, or stand-up paddle-boarding course, training or any related activity ("paddlesports"), I HEREBY ACKNOWLEDGE, APPRECIATE AND AGREE THAT:

	1.	I assume all risk and rele Instructor-Trainers and their		•		Instructors, Paddle Canada iteers, premises and vessels
Init.	-	(collectively, the "Releasees") from any legal or equitable	e claims, demands, o	debts, law suits	or causes of action that I, my nave in the future for any and
			• •			including but not limited to
		contract or breach of any d	• -	•	negligence, g	ross negligence, breach of
	2. -		reement. This Agreement is	the entire agreeme	nt on liability be	tween the Releasees and the
Init.		0 01 1	the remaining terms shall	be enforceable. Lit	,	provision of the Agreement is from this Agreement will be
HAZ	ARDS	AND RISKS ASSOCIAT	ED WITH PADDLESPO	RTS OR PADDL	E CANADA (COURSES
	3.	•	potential for broken bone	s, drowning, injurie	s related to ex	sposure to natural elements,
Init.	-	in permanent disability or dea		tne nead, neck, and	back, or other	bodily injuries that may result
	4.	Potential causes of injury unintentional; water hydraulic	include, but are not limit es, rapids, currents, swells,	waves, water/wetnes	ss, debris, cold	weather, cold water, lightning
Init.	•	or other natural forces; camping, animal attacks, portaging or other similar activities; my own negligence or the negligence of others, including that of the Releases, which may include misjudgments of terrain, rapids, weather or route choice. I understand that this description of potential risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death.				
	5.					
Init.	-	unanticipated risks ma	ly result in injury, ilin	ess, or death.		
	olunta	at I have had sufficient time arily without inducement. I ives.			• .	•
Participant Name			Signature			Date (D/M/Y)
City/T	own	Address		Postal Code	Province	Telephone

If you have any relevant medical conditions, please describe them on the back of this page and inform your instructor.

Witness Signature

Witness Name

Age: \square 16 and under, \square 17-25, \square 26-40, \square 41-55, \square 56-70, \square 70+