

Paddling Liability & Waiver Release



Program: _____

Date: _____

Leader(s): _____

Park: _____

Risk and Release Waiver

I am aware of my condition or the condition of my child/ward and certify that I or my minor child/ward may participate in activities that may be of strenuous and/or physical activity, at the Activity Center, on the trails, waters, or other grounds of the Muskingum Watershed Conservancy District. I recognize that there are risks associated with the aforementioned programs, which may include but are not limited to; falls, contact with other participants, the effects of weather, misuse or failure of equipment, drowning or collision with another craft, person or object. I waive all claims that myself or my child/ward might have based on any of those and other risks typical in this type of programming.

As part of the consideration tendered for myself or my child/ward, not having attained the age of 18, being permitted to participate in Muskingum Watershed Conservancy District programs, I agree for and on behalf of myself and my child/ward to, and do hereby waive any and all claims against, and agree to fully release, hold harmless, and indemnify, the Muskingum Watershed Conservancy District, its officers, employees, agents, volunteers, independent contractors, and sponsors from any and all claims related to illness, injury, including loss of life, property damage, or loss of any description which I or my child/ward may sustain arising out of, or in any way associated with my child/ward's participation in Muskingum Watershed Conservancy District's programs.

Consent to Treat

In the event of injury or illness, I authorize the Muskingum Watershed Conservancy District to obtain first aid and/or medical treatment at the nearest and most adequate facility of the Muskingum Watershed Conservancy District's choice. I am aware that staff/volunteers may provide support for this program/event including but not limited to the administration of first aid, cardiopulmonary resuscitation, or the use of an automated external defibrillator. This release is complete and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances for myself, or in my absence, for the minor child/ward listed.

Photo and Video Release

I hereby authorize the Muskingum Watershed Conservancy District to publish in print, electronic, or video format, the likeness or image of myself or my child/ward without limitation.

Participant Name: _____ Birthdate: _____ Age: _____

Address: _____

Campsite: _____ Email: _____

Are you allergic to insects, foods, medications, etc.? Yes No

If yes, list allergy, what happens, and any medication that is carried? _____

Is there anything else that we should know? (recent illnesses, physical conditions, sensitivities, etc.) Yes No

If yes, please indicate participant and explain. _____

In case of emergency contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release all claims against any person or organization utilizing this material. ***If the participant is under 18 years of age, a parent or legal guardian must sign.***

Signature of Participant (Parent or Guardian for individuals 18 and under)

Date Signed

Print Name