



Peninsula Paddlers

KAYAKING CLUB

LIABILITY RELEASE - Please read and sign below. Lack of signature will result in a lack of participation

1. *I understand and agree* that the Peninsula Paddlers Kayak Club Inc. St. Catharines, Ontario makes no claim as to the safety of the route or traffic, or to the competence of the other participants. This activity will be conducted on waterways open to the public or the Peninsula Paddlers at the time of the activity which the possibility of hazards exists. I am aware of the difficulty of this activity and I warrant that I have no health condition which would affect my ability to compete in this activity safely. This competence includes the fact that I understand that I am requested to and will wear an approved life jacket. I further warrant that my equipment is in safe operating condition and I understand and agree that the Peninsula Paddlers are not responsible for, nor an insurer of my personal safety or health during this activity.
I hereby release the Peninsula Paddlers Kayak Club Inc. and its members from all actions, causes of actions, claims, demands and costs for damages, loss or injury howsoever arising which may be hereby sustained by me in a consequence of any relationship or activity between myself and Peninsula Paddlers Kayak Club Inc. and its members.

1a. I have read and agree to the RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT ONTARIO RECREATIONAL CANOEING AND KAYAKING ASSOCIATION (to be executed by Participants who are 18 years of age and older). By completing this form I acknowledge that I have read the form and agree to its terms in entirety.

2. PERMISSION TO USE PHOTO IMAGE IN NEWSLETTER, WEBSITE OR ADVERTISING - From time to time my picture may be taken at some club activity. I hereby grant permission for my photograph to be released, published, or reproduced by Niagara Peninsula Paddlers Inc. and to be used for public relations, news articles, training, advertisement and on the Club's website.

I hereby release the above named Club, their directors and members and each and all persons involved from any liability connected with the taking, recording, or publication of such photographs.

PADDLE: Name: _____ M T W Th F Sa Su
Location: _____ Day: _____ Month: _____
Put in: _____ Rating: _____
Take out: _____ Distance (Kms): _____
Paddle Organizer: _____ Duration (Hrs): _____

PARTICIPANTS (please print names)

	LAST NAME	FIRST NAME	INITIAL 1	INITIAL 2
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____

GUEST RELEASE:

1. I understand and agree that the Peninsula Paddlers Kayak Club Inc. St. Catharines, Ontario makes no claim as to the safety of the route or traffic, or to the competence of the other participants. This activity will be conducted on waterways open to the public or the Peninsula Paddlers at the time of the activity which the possibility of hazards exists. I am aware of the difficulty of this activity and I warrant that I have no health condition which would affect my ability to compete in this activity safely. This competence includes the fact that I understand that I am requested to and will wear an approved life jacket. I further warrant that my equipment is in safe operating condition and I understand and agree that the Peninsula Paddlers are not responsible for, nor an insurer of my personal safety or health during this activity.
I hereby release the Peninsula Paddlers Kayak Club Inc. and it's members from all actions, causes of actions, claims, demands and costs for damages, loss or injury howsoever arising which may be hereby sustained by me in a consequence of any relationship or activity between myself and Peninsula Paddlers Kayak Club Inc. and its members.
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I hereby release the above named Club, their directors and members and each and all persons involved from any liability connected with the taking, recording, or publication of such photographs.

PLEASE PRINT

Name: _____ Address: _____
 City: _____ Postal Code: _____ Telephone: _____
 Date: _____ Initial Release 1: _____ Initial Release 2: _____

Name: _____ Address: _____
 City: _____ Postal Code: _____ Telephone: _____
 Date: _____ Initial Release 1: _____ Initial Release 2: _____

MINOR RELEASE (For participants under 18):

1. And I, the minor's parents and/or legal guardian, understand the nature of Kayaking activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. *I hereby release*, discharge, covenant not to sue, and agree to indemnify an save and hold harmless each of the releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged t be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may occur as the result of any such claim
2. PERMISSION TO USE PHOTO IMAGE IN NEWSLETTER, WEBSITE OR ADVERTISING - From time to time my picture may be taken at some club activity. I hereby grant permission for my photograph to be released, published, or reproduced by Niagara Peninsula Paddlers Inc. and to be used for public relations, news articles, training, advertising and on the Club's website.
I hereby release the above named Club, their directors and members and each and all persons involved from any liability connected with the taking, recording, or publication of such photographs.

PLEASE PRINT

Name of Parent/Guardian: _____ Telephone: _____
 Address: _____ City: _____
 Postal Code: _____ Date: _____ Initial Release 1: _____

Parent/Guardian Signature: _____ Initial Release 2: _____

Name of Parent/Guardian: _____ Telephone: _____
 Address: _____ City: _____

Postal Code: _____ Date: _____ Initial Release 1: _____

Parent/Guardian Signature: _____ Initial Release 2: _____