

## NATIONAL WHITETAIL DEER EDUCATION FOUNDATION & DEERASSIC PARK EDUCATION CENTER ®

Phone: (740) 435-3335 ~ Fax: (740) 435-3338 ~ 14250 Cadiz Road, Cambridge, Oh 43725 *an IRS designated 501(c)iii public charity* www.deerassic.com

## PADDLESPORT WAIVER & RELEASE OF LIABILITY READ BEFORE SIGNING MINOR

IN CONSIDERATION of being permitted to participate in any way in the Decrassic Park Education Center sports and recreation program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. ACKNOWLEDGE, agree, and represent that I understand the nature of paddlesports and related activities and that I am qualified, in good health, in proper physical condition to participate in such activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. If I decide to leave early and not complete as planned, I assume all risks inherent in my decision to leave.
- 2. FULLY UNDERSTAND that: (a) Paddlesports and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILTY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
- 3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Decrassic Park Education Center, its parent organization (National Whitetail Deer Education Foundation), certified instructor trainers, administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL IDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

MINOR PARTICIPANT: I, THE MINOR PARTICIPANT, HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NONWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Minor		Minor			
Name (print)			Date of Birth		
Minor					
Street Address					
Minor			Minor	Minor	
City			State	Zip Code	
Minor			Minor		
Email			Phone		
Date	Minor S	Minor Signature			
AND RELATED ACTIVIT GOOD HEALTH, AND IN COVENANT NOT TO SUR LIABILITY, CLAIMS, DE WHOLE OR IN PART BY OPERATIONS AND FUR MAKES A CLAIM AGAIN	IES AND THE MING PROPER PHYSICALLA AND AGREE TO INMANDS, LOSSES, WITHE NEGLIGENCE THE AGREE THATEST ANY OF THE RICANY LITIGATION	OR'S EXPERIENCE AL CONDITION TO F INDEMNIFY AND SA OR DAMAGES ON THE "RELEASE T IF, DESPITE THIS ELEASEES NAMED	AND CAPABILITI PARTICIPATE IN SEARTICIPATE IN SEART HE MINOR'S ACCES" OR OTHERW RELEASE, I, THI ABOVE, I WILL IN	, UNDERSTAND THE NATURE OF PADDLESPORTS IES AND BELIEVE THE MINOR TO BE QUALIFIED, IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, IARMLESS EACH OF THE RELEASEES FROM ALL COUNT CAUSED OR ALLEGED TO BE CAUSED IN VISE, INCLUDING NEGLIGENT RESCUE E MINOR, OR ANYONE ON THE MINOR'S BEHALF NDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF LIABILITY, DAMAGE, OR COST THAT MAY INCUR AS	
Parent/Guardian			P/G		
Name (print)			Street Address P/G P/G		
P/G	P/G	P/G	Street Huuress	P/G	
City	State	Zip Code		P/G Phone	
P/G	21410				
Email					
Date	P/G Sign	P/G Signature			
Activity or Event		Activity Date			