

NAME (Print name of Participant): _____ DATE _____

(First) (Last)

EMAIL ADDRESS: _____

CITY & STATE OF HOME ADDRESS: _____

PHONE NUMBER: () _____

NAMES OF PARTICIPANTS UNDER 18: _____

ACKNOWLEDGEMENT OF RISK AND RELEASE OF CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participating in the following program, with Boone County Conservation Board- **Canoe Outings**, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury occurring during my participation in **Canoe Outings** and I agree to assume the full risk of any injuries, damage or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such participation.

I waive and relinquish all claims my child/ward or I may have against Boone County Conservation Board and its officers, agents, servants, (volunteers), and employees as a result of my participation in Boone County Conservation Board – **Canoe Outings**, I hereby fully release and discharge Boone County Conservation Board and its officers, agents, servants, (volunteers), and employees from any and all claims from injuries, damages, and loss which I or my child/ward may have or which I may accrue to me or my child/ward in the above program.

I further agree to indemnify and hold harmless and defend Boone County Conservation Board and Boone County and its officers, agents, servants, (volunteers), and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward and arising out of, connected with, or in any way associated with the activities of the Boone County Conservation Board – **Canoe Outings**.

I have read and fully understand the above program details and waiver and release of all claims.

Signature of Participant Date
(Print and Sign)

or

Signature of Parent or Guardian Date
(Print and Sign)