## **United States Canoe Association**

Competition ★ Cruising ★ Conservation ★ Camping ★ Camaraderie ★

## AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY \*\*\*\*READ BEFORE SIGNING\*\*\*\*

Name of Event:	Date(s) of Event:
In consideration of being allowed to participate in an related events and activities, the undersigned acknown	y way in the <b>UNITED STATES CANOE ASSOCIATION</b> athletic sports program, vledges, appreciates, and agrees that:
The risk of injury from the activities involved in this program rules, equipment, and personal discipline may reduce this ri	n is significant, including the potential for permanent paralysis and death; and while particular sk, the risk of serious injury does exist; and,
I knowingly and freely assume all such risks, both known a responsibility for my participation; and	and unknown, even if arising from the negligence of the releases or others and assume full
	rms and conditions for participation. If, however, I observe any unusual or significant hazard om participation and bring such hazard to the attention of the nearest official immediately; and,
I, for myself and on behalf of my heirs, assigns, perso UNITED STATES CANOE ASSOCIATION and	nal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the
sponsors, advertisers, and, if applicable, owners and	cials, agents, and/or employees, other participants, sponsoring agencies, lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO amage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE
	nd regulations applicable to this event including the use of life jackets and tioning guidelines and will attend the pre-event/pre-race meeting.
	be taken of me in my participation in and attendance at this event, and hereby freelotos and videos in the reporting of this race, and/or in the promotion of this event, it/or related purposes.
I have read this release of liability and assumption of substantial rights by signing it, and sign it freely and	of risk agreement, fully understand its terms, understand that I have given up d voluntarily without any inducement.
(All participants are to sign and comp	pletely fill in the information numbered 2-6. Please print legibly)
1	3. Address:
(Participant's Signature)	4. City:
	5. State/Zip Code:
2	6. Date:
(Participant's Name) (Please Print)	
Fill in form above for participants under	r age 18. Parent/Guardian is to sign and complete the form below.
for this participant, do consent and agree to his/her release release and agree to indemnify and hold harmless the Relea	THE TIME OF REGISTRATION)This is to certify that I, as parent/guardian with legal responsibility as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I issees from any and all liabilities incident to my minor child's involvement or participation in these EGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I further agree to the
x	
(Parent/Guardian Signature)	Date Signed
Emergency Contact Person:	*U*S*C*A*
Phone Number:	