TUBING & CANOEING WAIVER
PARTICIPANT RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT
***READ BEFORE SIGNING***

NO REFUNDS DUE TO WEATHER. BUSES WILL SHUT DOWN IF THERE IS LIGHTENING.

Organization Name_______________________________________________________________________________

Participants Name________________________________________________________________________________
(Please Print)

In consideration of being allowed to participate in any way in tubing and/or canoeing, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activity of tubing and/or canoeing is significant, including the potential for permanent paralysis and death.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, and assume full responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation, which includes the use of the Personal Floatation Device provided to me by Wolf River Trips. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film, or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE _______________________, it’s officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY , DISABILITY OR DEATH I may suffer, or loss of damage to person or property. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participants Signature:______________________________________Age__________ Date________________

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child’s involvement of participation in these programs as provided above. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Name________________________________________________ Date___________________
(Please Print)

Parent/Guardian Signature__________________________________________      _______________________

Emergency Phone Number(s)__________________________________________
Wisconsin Lions Camp  
Youth Hold Harmless and Participation Agreement

I have read and understand the facility use rules of the Wisconsin Lions Camp as indicated on the Facility Rules and Procedures handout presented to me. My child agrees to abide by the facility use rules as indicated while in attendance at the Wisconsin Lions Camp.

I fully understand that after reasonable precautions are taken, there are certain hazards connected with camping. I release, absolve, indemnify and hold harmless the Wisconsin Lions Foundation, Inc., and its Directors, Agents and Employees from liability connected with any claimed injury or death due to accidents or situations otherwise occurring to my child in the use of any natural areas or man-made facilities of the Wisconsin Lions Camp or for any other reason.

I also grant permission to use photographs of my child in any publication or publicity authorized by the Wisconsin Lions Foundation.

Parent/Guardian Signature  
Date

Camper Signature  
Date