



• UNITED STATES CANOE ASSOCIATION •

• TOUR DU TECHE •

AMATEUR ATHLETIC
WAIVER & RELEASE OF LIABILITY
READ BEFORE SIGNING



Boat #

Event Name:

Date of Event:

In consideration of being allowed to participate in any way in the **UNITED STATES CANOE ASSOCIATION** athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other and assume full responsibility for my participation; and I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, 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; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS the UNITED STATES CANOE ASSOCIATION, INC; TOUR DU TECHE, INC; NICOLE PATIN, CITY OF BREAUX BRIDGE AND COMMUNITY FOUNDATION OF ACADIANA** their directors, officers, employees, volunteers, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event or club activities ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I also understand that photographs & videos taken by club or club members during the course of an event may occasionally be posted to the club website, used in printed articles or for promotion of the event. I will notify the club in writing if I want to elect out of any photograph or video releasing.

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 FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name
(Please Print)

Participant Address

Participant Signature

Date

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE 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 liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.**

Paren/Guardian Name (Please Print)

Parent/Guardian Signature

Emergency Number

Date