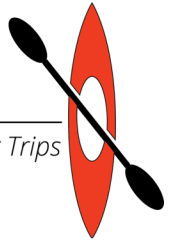


Release of Liability

Canoe Susquehanna LLC

Guided River Trips



This is an important legal document.
Read carefully, initial each section, then sign.

In consideration of being allowed to participate in the Canoe Susquehanna LLC program, its related events and activities,

I, _____, the undersigned, acknowledge, appreciate, and agree that:
Print Name

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist. _____
Initials
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. _____
Initials
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Canoe Susquehanna LLC immediately. _____
Initials
4. I, for myself and on behalf of the heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Canoe Susquehanna LLC, their owners, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used of the activity ("releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. _____
Initials
5. I authorize Releasees to provide or obtain for me such medical care as they consider necessary and appropriate, and I agree to pay all cost associated with such care and related transportation. _____
Initials
6. I hereby give permission for my photo to be taken during activities with Canoe Susquehanna LLC and for said photographs to be used in commercial and non-commercial activity. _____
Initials
7. I might need a lifesaving medication during this activity. (Examples include but are not limited to epinephrine for anaphylaxis, nitroglycerine for heart problems, inhaler for asthma.) (Check One) Yes No

Name of Medication

Location of Medication

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.

Participant's Signature

Print Name

Age

Date Signed

Address

City

State

Zip Code

Email Address

For Parents / Guardians of Participants 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 child, and our 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.

Parent/Guardian's Signature

Print Name

Date Signed