



**VOLUNTARY RELEASE OF LIABILITY,
HOLD HARMLESS, INDEMNIFICATION,
ASSUMPTION OF RISKS, AND
INFORMED CONSENT FOR
WATER SPORTS ACTIVITIES**



Program Information

Program: _____

Dates: _____

Location: _____

Participant Information

Name _____ Email Address: _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth ____/____/____ Gender M F

PLEASE READ THIS "RELEASE" CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BEFORE ANY PERSON IS ALLOWED TO PARTICIPATE.

I, the undersigned, wish to participate in the above referenced event (hereafter "Event") on the date(s) and location as indicated above and, in consideration for my participation, I hereby agree as follows:

1. Assumption of Risks

I acknowledge, understand and appreciate that as part of my participation in the Event there are *dangers, hazards and inherent risks to which I may be exposed*, including the *risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss*. I further realize that participating in the Event may involve risks and dangers, both known and unknown, and have elected to take part in the Event. To a large extent, these risks, dangers and hazards derive from the nature of the activities and the environment in which they take place. I agree that if I am not knowledgeable of the risks associated with Event activities I will obtain proper instruction in order to gain a full appreciation of the risks, dangers and hazards associated with these activities.

I am aware of injuries, death and property damage which can result from paddle sports and watercraft activities including, but not limited to: falling, capsizing or being flipped into the water (either intentionally or unintentionally); tidal conditions and currents; travel in remote areas; collisions with objects in or underneath the surface or other watercraft; prolonged exposure to cold water; hypothermia; hyperthermia; death by drowning; mental anguish or trauma; unavailability of life saving services or immediate medical attention in the case of injury; adverse weather conditions – exposure to cold, sun, wind, storms, waves and lightening; quickly

changing weather conditions; quickly changing water conditions; contact with aquatic and land animals, including insects and wildlife, in the water, along the shore or in camp; rocks or other debris falling from overhanging shore areas; difficult terrain or walking conditions along the shore, including mud, rocks, steep slopes, and marine life; entrapment or being crushed while in a watercraft; my own and other participants' attempts to exceed watercraft skills and/or acting in a reckless manner; my own failure or that of other participants to follow the safety guidelines and other instructions of trip initiators, including always wearing shoes and a personal flotation device; improper use of equipment; vehicular or pedestrian accident while being transported or walking to or from activity sites.

I am aware that Event activities may involve strenuous exertion of strength using various muscle groups, athletic movements and change of direction, and sustained physical activity which places stress on the musculoskeletal and cardiovascular system. Risks from each of these activities include: minor injuries such as scratches, bruises and sprains/strains; major injuries such as bone fractures, joint or back injuries, eye injuries, concussions and heart attacks; and catastrophic injuries such as paralysis or death. I declare and affirm that my medical and physical condition allows me to participate in physical activities and do not pose any danger to my health.

Therefore I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Event. I understand that I am responsible for my own insurance.

2. Waiver of Claims

I hereby release the Alabama 4-H, the Alabama Cooperative Extension System, Auburn University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents (hereafter "Auburn")

from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury or loss that I may suffer while training, preparing, participating and/or traveling to or from the Event. This agreement is binding on my heirs and assigns.

3. Hold Harmless

I furthermore release, indemnify and hold harmless Auburn from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I may suffer, for which I may be liable to any other person, that may or does arise out of my participation in the Event. I understand that Auburn accepts no responsibility for my personal property.

4. Authorization for Medical Care

In the event of an accident or serious illness, I hereby authorize representatives of Auburn to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify Auburn from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries that may occur during my participation in the Event.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample time to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Participant Name _____

Participant Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

The Alabama Cooperative Extension System (Alabama A&M University and Auburn University) is an equal opportunity educator, employer, and provider. 4HYD-2505 © 2023 by the Alabama Cooperative Extension System. All rights reserved.