

**PARTICIPANT RELEASE OF LIABILITY AND  
ASSUMPTION OF RISK AGREEMENT**

**\*\*\*READ BEFORE SIGNING\*\*\***

_____
Client's Name
_____
Date of Trip
_____
Location of trip
_____
Head Guide on this trip

In consideration of being allowed to participate in any way in the Kayak Hudson, LLC, program, its related events and activities, I \_\_\_\_\_ the undersigned, acknowledge, appreciate, and agree that:

1. The risk or injury from the activities involved in this program is a 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. 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. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE KAYAK HUDSON, LLC.**, its officers, officials, agents and/or employees, others 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 or 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 OR 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 AND INDUCEMENT.**

_____		_____	
Signature		Today's Date	
_____		_____	_____
Name		Age	Date of Birth
_____		_____	
Street Address (city, state, zip code)		Telephone #	
_____		_____	
E-mail Address		Group Name (if applicable)	

**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 \_\_\_\_\_ 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.

**I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. I GRANT PERMISSION FOR THE ABOVE CHILD TO PARTICIPATE IN KAYAK HUDSON LLC KAYAKING, CAMPING, OR HIKING, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.**

Parent/Guardian Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_