



Three Rivers
PARK DISTRICT

Name:	Age:	Phone:
Address:		
Emergency Contact:		
At (Daytime Phone):	(Evening Phone):	
I have a medical condition of which staff should be aware of: YES NO (If Yes, Continue Below)		
Asthma:	Seizures:	
Heart Condition:	Allergies To:	
Diabetes:	Other (Specify):	

Release and Waiver for Paddle Sports

As a participant in Three Rivers Park District Paddle Sports, the purchaser and user of this program (parent or legal guardian in the case of minor) understand that there are serious risks to using a canoe or kayak on water, including the risk of drowning. And, in order to induce Three Rivers Park District to participate in this program and use this equipment, I have provided this release and waiver. I hereby assume such risks and agree to release Three Rivers Park District from any claims arising from the inherent risks of these recreational activities. In addition, in consideration of Three Rivers Park District providing me with the opportunity to use Three Rivers Park District facilities, I hereby agree to release Three Rivers Park District from all claims of personal injury or property damage caused by the negligence of Three Rivers Park District, its officers, employees or agents. I agree that the user has made no misrepresentations to Three Rivers Park District, its servants, agents, employees or volunteers in regard to user height, weight, age or ability. I agree that this service was bargained for and I am aware that alternative services and products are available.

I ACCEPT THE RESPONSIBILITY FOR MYSELF AND THE FOLLOWING CHILDREN:

Signature _____

Date _____