

KAWAIHAE CANOE CLUB, INC.

WAIVER AND RELEASE OF LIABILITY

Authorization for Transportation of Paddlers (Minors)

I/We consent to our child's participation in club-sponsored transportation to and from club activities.

I/we authorize Kawaihae Canoe Club to transport our child to and from Activities or healthcare providers in Kawaihae Canoe Club vans or approved vehicles.

I/We acknowledge that each of the Activities has certain inherent risks, such as a risk of injury or illness due to nature of the Activity; transportation to or from the Activity; the condition of the premises, environment, or any equipment used in connection with the Activity; the actions, inactions, or negligence of the child or others; loss or theft of property; lack of immediate access to medical care; and other risks not reasonably foreseeable at this time; and I/we expressly assume all such risks arising out of my child's participation in the Activities. If there is any Activity in which I/we feel my child should not participate, I/we will notify Kawaihae Canoe Club immediately and at least 24 hours before the Activity commences.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE KAWAIHAE CANOE CLUB, INC., AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST KAWAIHAE CANOE CLUB FOR PERSONAL INJURY OR PROPERTY DAMAGE.

Name of Participant (Print)	Signature of Participant
Name of Parent or Guardian (Print)	Signature of Parent/Guardian (If under 18 years of age)
Emergency Contact (Print)	Emergency Contact Telephone Number
Relationship to Participant	Medical Insurance (Company, Subscriber #)