CANOE & KAYAK RENTAL AGREEMENT RELEASE OF LIABILITY

I ROCKED THE RIVER—2019

June 29, 2019 (rain date: July 6, 2019)

Participant Release of Liability and Assumption of Risk Agreement

PLEASE READ BEFORE SIGNING

Organization Name: LUVERNE AREA CHAMBER & CVB

Participant's Name: _____

Please Print Only

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

- **The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis or death.**
- **I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the event organizers and sponsors and assume full responsibility for my participation.**
- **I willingly agree to comply with the terms and conditions for participation which include wearing of shoes at all times during the trip, lunch and beverages served, wearing of life vest and requirement to listen to the organizers of the trip among others. If I observe any unusually significant hazard during my participation and in my presence, I will safely removed myself from participation and bring the attention of the hazard to the nearest organizer immediately.**
- **I, for myself and on behalf of my heirs, personal representatives and next of kin hereby release, indemnify and hold harmless Luverne Area Chamber & CVB and Northern Con-Ag, its officers, officials, agents, employees, other participants, sponsors, advertisers and owners of property and equipment that we are on and use during the trip from any and all claims, demands, losses and liability arising out of or related to any injury, disability or loss of life that occurs, or loss or damage to person or property, whether arising from the negligence of event planners or otherwise as allowed by law.**
- **I have read this Release of Liability and Assumption of Risk Agreement. I fully understand its terms. I understand that I have given up substantial rights by signing this agreement and sign it freely and voluntarily without any inducement or coercion.**

_____ _____ _____

Participants Signature **Date** **Age**

FOR PARENTS OR GUARDIANS OF PARTICIPANT OF MINOR AGE (Under Age 18 At Time of Event)

This is to certify that I, as parent or guardian with legal responsibility for this participant, do consent and agree to this release as provided above, and for myself, my heirs and next of kin, I release and agree to indemnify and hold harmless Luverne Area Chamber & CVB and its partners, agents, employees and officials from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the event planners and operators, as permitted by law.

_____ _____ _____

Signature of Parent or Guardian **Date** **Emergency Phone Number**