



PADDLE AND CAMP OHIO (PaCO)

PARTICIPANT WAIVER OF LIABILITY AND CONSENT FORM

I, the undersigned, acknowledge, understand, and agree that the activities of paddling (canoe, kayak, other non-motor water watercraft) and camping have inherent dangers, both known and unknown, that are beyond the control of the members or officers of Paddle and Camp Ohio (PaCO). I knowingly acknowledge that my participation in these activities may result in personal injury or death due to accidents, forces of nature, an act intended to promote my safety or well-being, the negligence of others, or other unforeseen circumstances. This includes damage or injury during shuttle, hiking, and portaging. I acknowledge that participation in these activities may also result in loss or damage to my personal property.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin **release and hold harmless** PaCO and its members, officers, guides and agents from any illness, injury, loss of life and/or any damage or loss of personal property which may arise out of my participation in PaCO activities. This waiver applies to any negligent act or omission and to any intentional act intended to promote my safety or well being. I understand that by signing this agreement, I waive my right to sue or recover damages from PaCO and its members, officers, guides and agents.

I understand that I am responsible for judging my qualifications to participate in activities and that I am responsible for my safety. I am legally competent to sign this waiver and release of liability, and I understand that the terms herein are contractual and not a mere recital.

I have read this release of liability and assumption of risk agreement, and I fully understand its terms. I understand that I have given up substantial rights by signing it and sign it freely and voluntarily without inducement. I understand that I have a right to consult an attorney prior to signing this document.

This waiver is in effect from the date signed and will expire November 6, 2023.

I understand that I am required to sign this agreement prior to participating in PaCO activities.

Date

Printed Name

Signature

Emergency Contact Name

Emergency Contact Number

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Printed Name

Signature

Emergency Contact Name

Emergency Contact Number

Date

Minor's Printed Name

Parent or Legal Guardian Signature

Emergency Contact Name

Emergency Contact Number

Date

Minor's Printed Name

Parent or Legal Guardian Signature

Emergency Contact Name

Emergency Contact Number

Date

Minor's Printed Name

Parent or Legal Guardian Signature

Emergency Contact Name

Emergency Contact Number