



Program Name: _____

Ocean River Sports Waiver of Liability

I/We, _____

_____, (print name)
acknowledge that paddling (kayaking and canoeing) involve risks that are beyond the control of Ocean River Sports. I also acknowledge that paddling can be physically strenuous and requires physical fitness and good health.

In consideration of Ocean River Sports accepting my participation in this event as well as all transportation or activities in connection with the event, I hereby release and forever discharge Ocean River Sports, its Directors, Officers, Agents, Servants or Employees and its or their successors, heirs and assigns (the "Release's") of and from any claim, demand, damage, action or causes of every nature or kind howsoever caused arising out of, attributable to or in any way connected to (or occasioned by) the event, including, without limitation, the negligence of the agents, employees and instructors working with/for Ocean River Sports.

I agree to inform the staff of Ocean River Sports of any medical/mental concerns to my participation in the event. (Non-disclosure amounts to a representation that there are no concerns) I agree to abide by the rules and regulations imposed on participants by Ocean River sports and its staff. These rules and regulations are designed for the safety and protection of all participants. I have read the above and fully understand the terms of this waiver and my subsequent commitment.

Medical Information (describe any physical limitations, severe allergies, medical conditions, or

Medications required:

I give permission to allow photographs taken by ORS of my team, or me to be used to further the awareness of paddling through means of advertising and social media.

Please update me about social events, special sales and paddling and outdoor news.

E-mail: _____

Signature of Participants (or Parent* or Guardian* if participant is under the age of 19):

Witness: _____ *Relationship to participant: _____

Date: _____ Telephone: _____

Address: _____ City: _____

Province/State: _____ Country: _____ Postal/Zip: _____