

WILDERNESS CANOE ASSOCIATION

WILDERNESS CANOE ASSOCIATION  
WAIVER OF LIABILITY

(This form is to be printed by trip organizer an is to be signed by each participant including trip organizer)

In consideration of my participation in a WILDERNESS CANOE ASSOCIATION trip/activity at \_\_\_\_\_ on \_\_\_\_\_  
(trip/activity location) (date)

and with the understanding that the officers, directors, trip/activity organizers and members of the WILDERNESS CANOE ASSOCIATION undertake no responsibility for the guidance and safety of me or members of my family, and with the further understanding that I participate in this trip/activity solely as an interested person who is completely responsible for his or her own safety and well-being, and with the full knowledge of the implications of this waiver, I do hereby release the WILDERNESS CANOE ASSOCIATION, its officers, directors, trip/activity organizers and members from all claims or demands for damages or injuries of any nature or kind to me or my property, however caused, which I or my successors, executors, heirs or assigns have, or may in the future have, for or by any reason of, or in any way arising out of my participation in this WILDERNESS CANOE ASSOCIATION trip/activity.

I confirm that I am of the full age of eighteen years, that I understand the nature of the trip/activity and the inherent dangers involved, and that I have read and fully understand the implications of the foregoing.

In witness whereof, I have hereunto set my hand this \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_\_.

NAME & ADDRESS (Please Print)	SIGNATURE
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WITNESSES \_\_\_\_\_

If the participant has not reached the age of eighteen years:  
I, the parent/guardian of the child named below, a participant, confirm this release on his or her behalf .  
In witness whereof, I have hereunto set my hand this \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_\_.

Name of Child	Name of Parent/Guardian	Signature of Parent/Guardian	Witness
_____	_____	_____	_____
_____	_____	_____	_____