

PLEASE RETURN THIS FORM

**CITY OF ROCK HILL
RELEASE AND INDEMNITY AGREEMENT**

I understand that paddling a kayak involves risk of injury. These risks include, but are not limited to inclement weather, accidents while traveling to and from the activity, equipment problems or failures, contact with and actions of other participants, slips/trips/fall/water hazards and musculoskeletal injuries, among others. I choose for myself or for my child to participate in this program despite the risks.

I understand that paddling a kayak also requires appropriate clothing. I agree for myself and for my child participant to dress appropriately based on the weather for the day. Additionally, I understand that a change of clothes must be brought to the kayaking location. Participants without a change of clothes will not be allowed to participate in the activity.

By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed responsibility of injury illness and death in any way connected with participation in the program. I also agree for myself and for any child participant to follow rules and procedures of the program and to follow the reasonable instructions of the instructors and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any local rights I may have to seek payment or relief of any kind from the City of Rock Hill, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, wave, and discharge any legal rights that I may assert on behalf of the child participating in the program. I also agree not to sue the City of Rock Hill, its employees, or its agents and agree to indemnify the City of Rock Hill for all claims, damages, losses, or expenses, including attorney fees if a suit is filed concerning an injury, illness or death to me or to my child resulting from participation in the program.

I understand that the City of Rock Hill provides no insurance coverage for me or my child. I have read this document thoroughly and understand that by signing this form I am waiving my legal rights.

I hereby authorize the City of Rock Hill and its photographic agents to take and utilize photographs of me for the purpose of promotion and advertising.

Yes No

Initials

Date

Printed Name of Participant

____/____/____
Date of Birth

Signature (of Parent/Legal Guardian if child is under 18)

Date of Signature

Printed Name of Parent/Legal Guardian

Address, City, State and Zip

Telephone Number Home

Telephone Number Work

Telephone Number in case of Emergency

E-Mail Address