Mountain Home Canoe Club, Portland OR

Assumption of Risk and Release of Liability Agreement

NAME:		DOB: (month/day/year)
Name of Guardian if under 18 (print): _			
STREET/CITY/STATE/ZIP:		PHONE:	
EMAIL:	Emergency Contact:	F	Phone:
18, in consideration of being allowed to	above age 18, or the legal guardian of participate in outrigger canoe activities le, agree, promise and covenant with MH cives and estates, as follows:	sponsored by the Moui	ntain Home Canoe Club
by MHCC, I am exposing myself, or the	TION OF RISKS: I understand and ackr minor child named above, other participa hysical injury, death, illness, disease, emo ur property.	ants, and/ or third part	ies, to certain risks and
including but not limited to, the nature by the MHCC representatives, its agent apparent defects or conditions in the ca canoes and/ or other equipment; acts of condition of myself or the referenced m	e are inherent risks of participating in out of the activities themselves; the training, s, employees or any other persons or ent anoes and other equipment supplied by N of other participants or guests of MHCC on hinor child, or my/our own acts or omissicipents; and consumption of food or drink.	acts, omissions, recon ities concerning outrige IHCC; use or operation r other persons; weath ons; first aid emergence	nmendations or advice given ger canoe activities; latent or , by myself or others, of er conditions; the physical y treatment or other services
illness, disease, emotional distress, loss	pating in activities sponsored by MHCC inc s of income, medical and/ or funeral expe tivities by me or any referenced minor ch	nses, and/ or damage	to property. I acknowledge
these activities, have any medical or ph of illness, injury, or death, or loss of pro	NTAL CONDITION: I certify that neither sysical condition which will expose me/us, operty. I understand that MHCC will not no ponsored by MHCC, and I assume the res	or third parties partici nake any special arrang	pating in the activities to risk
associated with it, including other parti- those for any and all injury, death illnes illness, disease, or damage to any mino way connected with my/such child's pa any negligent or reckless acts or omissi	and forever discharge MHCC, its agents, cipants, from any and all liability, claims, is, disease, or damage to myself or to my or child on whose behalf I sign this docun ricipation in the above-referenced activitions, strict liability, or breach of contract or latent or apparent defects in equipment	demands, actions or ca property, and/or for a nent, which are related ies, including but not li of MHCC, its agents or	nuses of action, including ny and all injury, death, to, arise out of, or are in any mited to those arising from employees, and all other
entities associated with it, for any injur whose behalf I sign this release, which activities, or from any claim asserted at IN SIGNING THIS DOCUMENT, I FULLY DAMAGED WHILE I AM PARTICIPATING CLAIM OR FILE A LAWSUIT AGAINST NEGLIGENTLY CAUSED THE BODILY IN THIS DOCUMENT I AM GIVING UP CER AGAINST THE AFORMENTIONED PART		o myself or to my prope o child's participation in erenced minor child by NG MYSELF, IS HURT (ES, THAT I WILL HAVE ES OR MEMBERS, EVE STAND AND ACKNOWLI H MIGHT OTHERWISE	erty, or to any minor child on the above-referenced guests or other third parties. OR ANY PROPERTY IS NO RIGHT TO MAKE A N IF THEY OR ANY OF THEM EDGE THAT BY SIGNING
My signature below indicates that I have read this e	ntire document, understand it completely and agree to	be bound by its terms.	
Signature:		Date:	, 2018