



**MANITOBA PADDLING ASSOCIATION
WAIVER AND RELEASE**

IN CONSIDERATION OF my acceptance of my participation in paddling activities, held at the Manitoba Canoe and Kayak Centre (80 Churchill Drive), I hereby waive and release the Manitoba Paddling Association, its directors, officers, employees, agents, representatives, successors and assigns from and against all claims, actions, demands, costs and expense in respect to death, injury, loss or damage to my personal property, howsoever caused, contributed to or occasioned by the negligence of the Corporation, its directors, officers, employees, agents, representatives, successors and assigns.

This Waiver and Release shall be binding upon myself, my heirs, executors and administrators.

I hereby grant permission to any of the above, described persons to use any pictures of myself or my likeness while participating in this program without obligation or liability to me.

By signing this form I am issuing my consent for the following information to be forwarded to The Manitoba Paddling Association for administrative purposes.

This information may be used to contact you with information regarding programs and services offered by The Manitoba Paddling Association, our clubs and sponsors. This information will NOT be distributed to any outside organizations. You may decline having further information from the Manitoba paddling Association by checking the box below.

I do not want to receive information regarding future programs and services offered by the Manitoba Paddling Association and our sponsors.

PLEASE COMPLETE SECTIONS I and/or II:

I. I acknowledge that I am the full age of eighteen years. If not, I have obtained the consent of my parents to participate in this program.

I acknowledge that I have read this document before signing it and have had an opportunity to obtain an explanation as to its contents.

Dated this _____ day of _____, 20____.

WITNESS

PARTICIPANT'S SIGNATURE

PLEASE PRINT NAME

PLEASE PRINT NAME

II. If the participant is under eighteen years of age, the following should be completed by the parent or legal guardian of the participant.

I, being a parent of legal guardian of _____, hereby agree that
(NAME OF PARTICIPANT)
the foregoing Waiver and release shall be binding upon my child.

Dated this _____ day of _____, 20____.

WITNESS

PARENT'S SIGNATURE

PLEASE PRINT NAME

PLEASE PRINT NAME

ADDRESS

POSTAL CODE

PHONE NUMBER