ACKNOWLEDGEMENT OF RISK AND RELEASE

DATE OF BIRTH:		
ADDRESS:	Town	Zip
HOME PHONE:		
NAME & ADDRESS OF PARENT OR GU	JARDIAN (UNDER 18 YEARS OF A	GE)
Participant, being at least 18 years of age, in paddle sport activities does for them self and discharge the State of New York, the New Yemployees, agents, sponsors and their represured or in equity arising from any and every claim or in equity arising from or by reason of any damage resulting or to result from any accidence activities in connection with the paddling according to the second of the paddling according to the second of the paddling according to the paddling to the paddl	d their heirs, executors, administrators York State Office of Parks, Recreation sentatives, their heirs, administrators, and demand, action or right of action, of y bodily injury or personal injuries known which may occur as a result of particular their heirs.	and assigns, hereby release and forever and Historic Preservation, its officers, and executors (hereinafter whatsoever kind or nature either in law own or unknown, death and/or property
Participant acknowledges that there are risks are not limited to strenuous physical exertio occur to Participant in the course of the padd I have reviewed the Essential Eligibility Criperform such EECs as listed. I also agree to follow the directions of the instructor/trip le leave early and not complete the paddle spo	on and assumes full responsibility for a dle sport activities. I acknowledge and teria (EEC) to participate in such activ to wear a properly fitted, and fastened leader and be responsible for supervision	In injuries or damages which may understand the nature of paddle sports. Wity and I acknowledge the ability to ife jacket on the dock and in the vessel, in of minors in my charge. If I decide to
By signing this release, I am in no way releated However, if I am injured and it is later deter result, either in whole or in part of any negli their insurers for any costs associated with t	rmined by a court of competent jurisdi igent act or omission on the part of OP	ction that my injuries were not the
Participant agrees that this release, waiver, a inclusive as permitted by the laws of the Sta agreed that the balance shall; notwithstanding	te of New York and that if any portion	
Participant further states that they have esigns this release as their own free act.	carefully read the above release and	knows the contents of the release and
Signature of Participant or Parent/Guardian	(under 18) Date	

6/2020