CONNEAUT LAKE AREA HISTORICAL SOCIETY

PADDLEFEST

**A waiver must be signed by each participant.**

**Any participant without a signed waiver will not be permitted to start the Race or Dice Run.**

I, for myself, my heirs and dependents acknowledge and agree that participating in this event is a hazardous activity. I accept sole responsibility for any accident, illness or casualty, whether as a result of my own negligence, or the negligence of others, as a result of my participation in this event. I know that this is a strenuous, athletic event that is occurring in an uncontrolled environment with natural and/or created obstacles and hazards. I certify that my medical condition is acceptable and my training and fitness are satisfactory for participating in this event. If at any time I feel a task or event is beyond my skill level or poses a risk to my health or safety, it is my responsibility to stop and not proceed further in the event. I acknowledge that the promoter makes no claim or promise as to any participant’s ability to complete the events safely.

I agree to wear an approved type 3 personal floatation device during the Race and/or the Dice Run.

I hereby waive and release any and all claims and causes of action against Conneaut Lake Area Historical Society, Conneaut Lake Borough, Fireman’s Beach, event directors, volunteers, sponsors, and coordinating agencies and organizations even though any liability may arise out of the negligence of those entities or persons named in the waiver. If I should suffer injury or illness, I authorize Paddlefest officials, volunteers and participants to use their discretion to administer first aid and transport me to a medical facility at my own responsibility and expense.

I hereby give permission to all the above entities or persons to use any photographs, videotapes, motion pictures, recordings or any other record of the event, including the use of my voice or likeness for any purpose whatsoever.

This Waiver and Release and Grant of Permission is given freely and voluntarily with full knowledge of the legal consequences.

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature

If Participant under age 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_