

Washington Water Trails Association Waiver

A nonprofit 501(c)(3) registered with the Washington Secretary of State Charities Program
WWTA, 4649 Sunnyside Avenue North, Rm 307, Seattle WA 98103 <http://www.wwta.org> 206.545.9161

In consideration of being allowed to participate in any way in WASHINGTON WATER TRAILS ASSOCIATION (WWTA) programs, its related events and activities, I,

First name (print) _____ Last name (print) _____ ,

the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of WWTA immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS WWTA their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releasees or otherwise, TO THE FULLEST EXTENT PERMITTED BY LAW.
5. I hereby consent and authorize the use and reproduction by WWTA, or anyone authorized by WWTA, of any and all photographs which WWTA has taken of me, for any purpose whatsoever, without compensation to me. All digital files, film and prints shall constitute WWTA property, solely and completely.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____

PARTICIPANT'S SIGNATURE

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Allergies and/or medical conditions _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone _____ - _____ - _____

Relation _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____

PARENT/GUARDIAN'S SIGNATURE (print name)