Tours & Instruction

Nashoba Paddler, LLC - Release From Liability

If the participant is under 18 years old, a parent or legal guardian must complete both sides of this form.

Tour / Class Name		Tour / Class Date		
Participant's Name				
Parent / Guardian Name (if participant is a minor)			
Email Address				
Postal Address				
City		State	Zip	
Home Phone	Work Phone	Cell Phone		
Emergency Contact		Emergency Phone #		
may cause injury or require may require our special att	SAFETY CONSI we ask that you inform us or e emergency care during th tention.	DERATIONS f any medical or l is trip and any ot	health condition you have that ther restrictions or concerns that	
may cause injury or require may require our special att	SAFETY CONSI We ask that you inform us of e emergency care during the tention. Diabetes	DERATIONS f any medical or h is trip and any ot Other	health condition you have that her restrictions or concerns that	
may cause injury or require may require our special att Medical : Allergies Restrictions / Concerns : Swimming Ability : Stron	SAFETY CONSI We ask that you inform us of the emergency care during the tention. Diabetes	DERATIONS f any medical or h is trip and any ot Other Poor	health condition you have that ther restrictions or concerns that Fearful of water	
may cause injury or require may require our special att Medical : Allergies Restrictions / Concerns : Swimming Ability : Stron	SAFETY CONSI We ask that you inform us of the emergency care during the tention. Diabetes	DERATIONS f any medical or h is trip and any ot Other Poor	health condition you have that ther restrictions or concerns that	



Nashoba Paddler, LLC Canoe & Kayak Rentals Tours & Instruction 398 West Main Street, Groton, MA | 978-448-8699 www.nashobapaddler.com | PO Box 228, West Groton, MA 01472

PARTICIPANT RELEASE OF LIABILITY ASSUMPTION OF RISK AGREEMENT ***READ BEFORE SIGNING***

Organization Name:	Nashoba Paddler, LLC Groton, MA 01450			
Participant Name:	t Name			
Piin	t Name			
In consideration of bein acknowledge, appreciat		ay in the program, rela	ated events and activities, I the under	rsigned,
1. The risk of injury fron and death.	n the activities involved in this pr	ogram is significant, in	ncluding the potential for permanent	paralysis
	FREELY ASSUME ALL SUCH RELEASEES or others, and as		nd unknown, EVEN IF ARISING FRC y for my participation.)M THE
			serve any unusual significant hazard such to the attention of the nearest	
INDEMNIFY, AND HOL employees, other partic the event (RELEASES DISABILITY OR DEATH	D HARMLESS <i>Nashoba Pado</i> ipants, sponsors, advertisers, ar s), from any and all claims, dema	<u>fler, LLC</u> , its members nd, if applicable, owner ands, losses, and liabil e to person or property	nd next of kin, HEREBY RELEASE, s, officers, officials, agents and/or rs and lessors of premises used to c lity arising out of or related to any IN, WHETHER ARISING FROM THE permitted by law.	JURY,
TERMS, UNDERSTAN			AGREEMENT, FULLY UNDERSTAI BY SIGNING IT, AND SIGN IT FREE	
X			_	
Participant's Signature		Age	Date	
EOD DADENTS/CLIADDIA	ANS OF DARTICIDANT OF MINIOR	AGE (LINDED AGE 18 A	AT TIME OF DECISTRATION)	
This is to certify that I, a release as provided aboundemnify and hold harr	ove of all the Releasees, and, fo mless the Releasees from any a ograms as provided above, EVE	ponsibility for this parti r myself, my heirs, ass and all liability incidents	icipant, do consent and agree to his/isigns, and next of kin, I release and a sto my minor child's involvement or THE NEGLIGENCE OF THE RELE	agree to
X				
Parent/Guardian Signat	ure	Date	Emergency Phone Numb	er(s)