



PADDLE INN RAFTING COMPANY

RELEASE OF LIABILITY, WAIVER, AND ASSUMPTION OF RISK AGREEMENT

Assumption of Risk: In consideration of being allowed to participate in any way with the Paddle Inn Rafting Company program and its related activities, I understand, accept and agree that the risks of activities involved in this program are significant. These risks may include personal injury, risk of death and the loss of or damage to personal property. I understand that particular skills and personal discipline may reduce this risk, but the risks of serious injury still does exist. I also understand I should be in good physical health to participate in a whitewater trip. I choose to participate in this trip in spite of knowing the inherent risks involved, and I personally hereby assume all inherent risks to my person or property.

Waiver and Release: In consideration of Paddle Inn Rafting Company furnishing services to enable me to make this trip, I , for myself and on behalf of my heirs, assigns, personal representatives and next of kin, voluntarily agree to HEREBY RELEASE, WAIVE, DEFEND, INDEMNIFY, HOLD HARMLESS, and FOREVER DISCHARGE the United States Government, the United States Forestry Service, the PADDLE INN RAFTING COMPANY, it's employees, officers, officials, agents and/or employees, contractors, other participants, sponsors, advertisers, and if applicable, owners and lessors of equipment or property used in the activity ("Releaseses"), from any and all claims, WITH RESPECT TO ANY AND ALL ILLNESS, INJURY, DISABILITY, DEATH, loss of Service, or loss or damage to person or property, OR OTHERWISE, associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law. Any litigation arising from these activities will be heard in Swain County, NC.

- * I understand I must be at least 60 pounds, or 7 years of age to ride the Nantahala River.
- * I understand **that if I have any questions or concerns** before the trip, I can ask a Paddle Inn Staff member for help, and express any concerns or personal needs prior to my trip, ie.. medications, etc.
- * I understand that a properly sized, adjusted and fully **buckled personal flotation device is critical to my safety, and I will keep my Life Jacket fully secured at all times during my trip.**
- * **I will listen carefully to the safety presentation**, ask any questions, and follow safety rules explicitly for my safety and the safety of others involved in the activity.
- * **If I observe any unusual significant hazard** during my presence or participation in the activity, I will remove myself from participation and bring it to the attention of the nearest official immediately.
- * I hereby grant Paddle Inn Rafting Company the right and permission to use any photograph taken of me on the river for use in any advertising and promotion, and the photographs will remain the property of the Paddle Inn.

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

* _____ * _____ * _____
Participant Or Guardian(PRINT) (SIGN) Participant/Guardian Date
(NOTE: If the Guardian will not be Present, Please Circle Guardian, and list your Child/Children Below)

Street Address City State Zipcode

Email Address @ _____ *(_____) _____
Telephone Number

MINOR PARTICIPANTS (UNDER 18 YEARS OF AGE) ARE LISTED HERE	
(In listing a minor participants, you are swearing that you are the legal guardian for any minors you list below)	
Minor Participant Name: _____	Age _____*
Minor Participant Name: _____	Age _____*
Minor Participant Name: _____	Age _____*
Minor Participant Name: _____	Age _____*
Minor Participant Name: _____	Age _____*