

# Warning, Acknowledgement of Risks, Acceptance of Responsibility and Release of Liability



**Group: Lehigh University SustainabLEHIGH      Trip Date: 8/17/15-8/18/15**

## PLEASE READ CAREFULLY

**WARNING:** There are significant elements of risk in any adventure sport or activity associated with watercraft, including but not limited to canoes, kayaks, rafts, rowboats, tubes and motorized crafts, and/or associated with bicycles (referred to herein as activity), and the use of any equipment therewith.

**ACKNOWLEDGEMENT OF RISKS:** I realize that changing water flow or currents, submerged or semi-submerged objects, trail or path obstructions, imperfections, depressions or ridges, varying wind and weather conditions, the presence of other watercraft, cyclists, hikers or walkers, the speed at which I travel, the stability characteristics of a watercraft, and certain foreseen or unforeseen events or hazards can contribute to the unpredictability of the activity; that certain risks associated with this activity including but not limited to collision, upset, overturn and sinking can result in getting wet, injured, exposed to the elements, drowned, and personal property damage or loss; that wearing a U. S. Coast Guard approved personal flotation device (PFD) is a basic safety precaution; that I may suffer accidents or illness in remote places where there are no medical facilities; and that I should ask about other potential hazards and recommended precautions and procedures. I also realize that participation in an activity can result in personal injury, paralysis, dismemberment or death.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of the activity which I and/ or any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and using the equipment. I/ we participate willingly and voluntarily, and I/ we assume full responsibility for personal injury, accidents, illness, including death. I/ we assume all responsibility for damage to or loss of personal property as the result of any accident that may occur.

**RELEASE:** In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release Wildlands Conservancy, Inc., the City of Allentown, the City of Bethlehem, the Township of Salisbury, their principals, directors, officers, agents, employees and volunteers from all liability and waive any claim for damage arising from any cause whatsoever.

**PHOTO WAIVER:** I hereby give permission for my photograph to be taken during the Bike & Boat activities and for the organizers of the Bike & Boat Program, Wildlands Conservancy specifically, to use my photograph image in commercial or non-commercial publicity for the event, for Wildlands Conservancy, and for the Lehigh River.

**I HAVE READ THE FOREGOING WARNING, ACKNOWLEDGEMENT OF RISKS, EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY, AND RELEASE OF RESPONSIBILITY AND UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.**

### THOSE OF LESS THAN 18 YEARS OF AGE, SIGN HERE.

I affirm that I am \_\_\_ years of age and that the individual signing this Release with me is my parent/legal guardian.

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

### **PARENT/ LEGAL GUARDIAN SIGN BELOW**

I affirm that I am the parent or legal guardian of the individuals signing this Release immediately above and that I have read and understand the Release and accept same, consent to the above individual's use of the equipment and to have Wildlands Conservancy transport the above individual if required, agree on my own behalf, on behalf of such individual's other parent or legal guardian, and on behalf of said individual to be bound by the contractual undertakings set forth in this Release.

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

### THOSE 18 YEARS OF AGE OR OLDER, SIGN HERE

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

**ALL PARTICIPANTS: PLEASE PRINT LEGIBLY THE NAME AND ADDRESS OF THE PARTICIPANT:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_