HANCOCK PARK DISTRICT

Self-Guided Fall Float Trip on the Blanchard River ASSUMPTION OF RISK/LIABILITY RELEASE/WAIVER OF ALL CLAIMS (Read this document carefully)

Canoeing and kayaking on the Blanchard River presents hazards in the way of obstacles and offers a wilderness-like experience with the existence of wildlife, insects, streamside forest and waterway, solitude, and isolation. It also offers scenic beauty, adventure, physical and mental challenges to overcome, satisfaction from experiencing the great outdoors, and a strong sense of accomplishment associated with finishing the trip. Participants will have to exercise independent judgment related to the paddling of the canoe or kayak, behavior, and the foreseeable and unforeseeable risks that exist depending on the condition of the river, water level, changing weather conditions, actions by other persons, and interaction with the natural environment.

risks th	ndent judgment related to the paddling at exist depending on the condition of s, and interaction with the natural envir	of the riv	ver, water level, changing weather con	
l,	(/	Name of	participant), am aware in signing this d	locument for participation
in Self-Guided Fall Float Trip on the Blanchard River that certain elements of the activity are physically, mentally, socially, and emotionally demanding. I understand that certain risks and dangers exist in the activity in which I will be participating. These risks include loss or damage to personal property, injury or death due to inclement weather, walking on uneven terrain, lifting and carrying the canoe, slipping, falling, insect bites, falling objects, immersion in water, hypothermia (cold exposure), hyperthermia (heat exposure), or suffering any type of accident or illness in remote areas without easy access to medical facilities, or while traveling to and from the river access sites. I acknowledge that all dangers (hazards and perils) associated with this activity cannot be foreseen.				
I understand and assume all dangers (hazards and perils) and risks associated with this activity and waive all claims or				
causes of action arising from my participation in Self-Guided Fall Float Trip on the Blanchard River and do hereby release the Hancock Park District and its agents, employees, and volunteers and their heirs, executors, and assigns from liability. My signature on this document is also intended to bind my successors, heirs, representatives, administrators, and assigns.				
Name:		Name:		Date:
	(Print)		(Signature)	
Address	s:			
Telephone Numbers:				
relepiid	(Cell)		(Other)	
PARENTAL CONSENT/LIABILITY RELEASE/WAIVER OF ALL CLAIMS (Parental consent is required for all minors under the age of 18)				
I/We		aı	uthorize my/our child	
to participate in Self-Guided Fall Float Trip on the Blanchard River . My/Our child is physically, mentally, socially and emotionally able to participate. I/We waive all claims or causes of action arising from my/our child's participation. Furthermore, I/We hereby release the Hancock Park District and its agents, employees, and volunteers and their heirs, executors, and assigns from liability.				
Name:		Name:		Date:
	(Print Name of Parent/Legal Guardian)		(Signature of Parent/Legal Guardian)	
Name:		Name:		Date:
	(Print Name of Parent/Legal Guardian)		(Signature of Parent/Legal Guardian)	