

Town of Cicero Youth Bureau, Parks and Recreation Department

CanTeen Field Trip Permission Slip

"It's not a program, it's a relationship."

White Water Rafting – Black River in Watertown

Wednesday 7/31/19 7:00am – 5:00pm

Youth's Name: _____

Parent/Legal Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone Number: _____ Guardian's Cell Phone Number: _____

Youth's Cell Phone Number: _____

Emergency Contact Name (other than Parent): _____

Relationship to Participant: _____

Home Phone Number: _____ Cell Phone Number: _____

List of youth's medications, allergies and medical problems:

I _____ being the parent/legal guardian of the above-named youth give permission for my child attend the field trip with the CanTeen staff. I also accept full responsibility for any and all injuries that may arise out of the participation in programs offered by the Town of Cicero and hereby release the Town of Cicero, its agents and/or employees from claims of any nature whatsoever arising out of my youth's participation in the program(s) listed above. Pictures and other materials, which include my youth, may be used for the Town of Cicero's promotional purposes.

Parent/Guardian Signature: _____ Date: _____

Youth Signature: _____ Date: _____

Parent/Guardian Name Printed: _____ Youth's Name Printed: _____

****See FYI**

****NO REFUNDS WILL BE ISSUED UNLESS THE TRIP IS CANCELED DUE TO LACK OF PARTICIPATION**

ADIRONDACK RIVER OUTFITTERS, INC.

READ CAREFULLY – WAIVER AND RELEASE OF LIABILITY

In consideration for ADIRONDACK RIVER OUTFITTERS, INC. furnishing services and/or equipment to enable me to participate in whitewater rafting or tubing, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of ADIRONDACK RIVER OUTFITTERS, INC. equipment and my participation in whitewater rafting or tubing activities: (b) my participation in such activities and /or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability: (c) these risks and dangers may be caused by the negligence of the owners, employees, officers, agents or associates of ADIRONDACK RIVER OUTFITTERS, INC. the negligence of the participants, the negligence of other, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision-making, including that a guide may misjudge terrain, weather, trail or river route location, and water level, risks of falling out of or drowning while in a raft, tube, canoe or kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment: and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for and losses and/or damages, whether caused in whole or in part by the negligence or other conduct or the owners, officers, or employees of ADIRONDACK RIVER OUTFITTERS, INC. or by any other person.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify ADIRONDACK RIVER OUTFITTERS, INC. and its owners, agents, officers, employees, associates and all land-owners whose property is crossed or utilized, from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of ADIRONDACK RIVER OUTFITTERS, INC. equipment or my participation in whitewater rafting or tubing activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, associates or employees of ADIRONDACK RIVER OUTFITTERS, INC.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which ADIRONDACK RIVER OUTFITTERS, INC. or its agents is a party shall be either the Town of Webb, NY Justice Court or the County or State Supreme Court in Herkimer County.

EQUIPMENT USAGE AGREEMENT

I have received and am responsible for returning equipment in the same condition in which I received it. I am responsible for any costs, legal or otherwise, incurred by ADIRONDACK RIVER OUTFITTERS, INC. or its owners, agents, officers, associates or employees in securing return or reimbursement for said equipment.

PLEASE PRINT

Participants Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE ADIRONDACK RIVER OUTFITTERS, INC. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I also authorize the use of any photographs and/or videos taken by ADIRONDACK RIVER OUTFITTERS, INC. or its agents for display, advertising, promotion or sale.

PARTICIPANTS SIGNATURE

AGE

DATE

**ADIRONDACK RIVER OUTFITTERS, INC.
PARENT/GUARDIAN PERMISSION FORM**

I hereby grant permission for my child _____ to participate in whitewater rafting, biking, kayaking, camping, tubing or canoeing at ADIRONDACK RIVER OUTFITTERS, INC. on (date) _____ and I hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's use of rafting, biking, kayaking, camping, tubing or canoeing equipment and my child's participation in rafting, biking, kayaking, camping, tubing or canoeing activities; (b) my child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risk of falling out of a raft, kayak, tube or canoe, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment, and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear an approved personal flotation device at all time while on the water. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances before during her/his scheduled activities.

Any claims or dispute arising from my child's participation in ADIRONDACK RIVER OUTFITTERS, INC. activities Or use of ADIRONDACK RIVER OUTFITTERS, INC. equipment shall be venued in the Town of Webb, NY Justice Court of the County or State Supreme Court in Herkimer County.

My child is in good health and is at or above the minimum age stated in the ADIRONDACK RIVER OUTFITTERS, INC. advertising for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems, which will present any risk to his/her participation in the activities. I permit the use of any photos, slides, films, videos or sketches of him/her taken during the day's activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors.

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ADIRONDACK RIVER OUTFITTERS, INC. RAFTING, BIKING, KAYAKING, CAMPING, TUBING OR CANOEING ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

Group Name (if applicable) _____

Parents Name (Print) _____

Parents Signature _____

Street and Apt. Address _____

City _____ State _____ Zip _____

Child's Name _____ Age _____ Trip Date _____

Child's Signature _____