

**KIDS LESSON & TRIP RELEASE
PARENT/GUARDIAN PERMISSION FORM
(This form to be used for minors only 18 years or younger)**

Today's Date: _____

In consideration of the services of Collinsville Canoe & Kayak, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "<CCK>", I agree as follows:

I hereby grant permission for my child or children _____ to participate in flat water and/or whitewater kayaking or canoeing at <CCK> 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 or canoeing equipment and my child's participation in rafting, biking, kayaking, camping 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, risks of falling out of a kayak 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 times 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 or during her/his scheduled activities. Any claims or dispute arising from my child's participation in <CCK> activities or use of <CCK> equipment shall be venued in the Superior Court, State of CT for Hartford County.

My child is in good health and is at or above the minimum age stated in <CCK> 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 release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law. I permit the use of any photos, slides, films, 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.

Check the appropriate line:

_____ I am not aware of any aspects of my child's health history that would prohibit or complicate this activity for him/her.

_____ I am aware that the following aspects of my child's health could prohibit or complicate this activity for him/her

(student is responsible for any necessary equipment and/or medications related to this health issue):

Has your child ever had asthma or any breathing difficulty? Check one: Yes No

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN <CCK> KAYAKING OR CANOEING ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

Group Name (if applicable): _____ Trip Date: _____

Parents Name (Print): _____ Signature: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Child's Name Age Child's Name Age Child's Name

Child's Name Age Child's Name Age Child's Name

Emergency Contact Person: _____ Emergency Contact Phone (H): _____

Emergency Contact Phone (C): _____

DO NOT LOSE-PLEASE GIVE COMPLETED FORM TO YOUR GROUP LEADER