PARTICIPANT RELEASE OF LIABILITY ASSUMPTION OF RISK AGREEMENT

Organization Name (if app	olicable):	
Name of Participant:		DOB:
Circle Activity: <u>K</u>	Kayaking	
In consideration of being a acknowledge, appreciate,		way in the program, related events and activities, I the undersigned,
inherent risks, dangers and l Carolina Outdoor Adventure	nazards and such exists in my u es' activities; (b) my participati nited to bodily injury, disease, s	ional activities provided by Carolina Outdoor Adventures, LLC have: (a) use of Carolina Outdoor Adventures' equipment and my participation in ion in such activities and/or use of such equipment may result in injury or strains, fractures, partial and/or total paralysis, death or other ailments that
2. I knowingly and freely as INT:	sume all such risks, both know	n and those unknown, and assume full responsibility for my participation.
		e in contact with wild animals and accept all risk that may be associated al harm from bites, scratches, dismemberment and/or death. INT:
and actions provided for the	event at hand and agree to its	or participation. I personally have taken notice the condition of equipment use/condition. If I observe any unusual significant hazards during my ipation and bring such to the attention of the nearest official immediately.
Outdoor Adventures, LLC v	will become property of Carolin tions/marketing including flyer	tives of Carolina Outdoor Adventures or by a camera provided by Carolin na Outdoor Adventures, LLC and may be used by Carolina Outdoor rs, brochures, print media and being posted on Social Media sites such as
	ue to my negligence or failure t	nent that I may be using during my activity. I understand and accept that to follow rules of use will result in me being responsible for any repairs or
harmless, defend and indem claims, actions or losses for	nify Carolina Outdoor Adventu bodily injury, property damage	my heirs hereby voluntarily agree to release, waive, discharge, hold ares, LLC and its owners, agents, officers and employees from any and all e, wrongful death, loss of services or otherwise which may arise out of my my participation in Carolina Outdoor Adventures, LLC's activities.
	ΓΗΑΤ I HAVE GIVEN UP SU	SSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS BSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND
XParticipant's Signature		Date
FOR PARENTS/GUARD	IANS OF PARTICIPANT OI E TIME OF REGISTRATIO	F MINOR AGE
Name of minor:		Age:
This is to certify that I, as paprovided above of all the re-	leases, and for myself, my heirs	nsibility for this participant, do consent and agree to his/her release as s, assigns, and next of kin, I release and agree to indemnify and hold o my minor child's involvement or participation in these activites.
X		
Parent/Guardian Signature	Date	Emergency Contact Number