

LIVING WATERS CANOE MINISTRY 10955 Lowell #900 Overland Park, KS 66210

WAIVER AND RELEASE OF LIABILITY – PLEASE READ CAREFULLY

In consideration of Living Waters furnishing services and/or equipment to enable me to participate in whitewater activities, 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 paddling equipment and my participation in paddling activities and related 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, full and/or total paralysis, death or other ailments that could serious disability; c) these risks and dangers may be caused by the negligence of the ministry, contractors, volunteers, employees, church camp operators or agents of Living Waters. Risks and dangers may arise from foreseeable and unforeseeable causes including, but not limited to, staff decision making, including that staff may misjudge terrain. Weather, transportation, trail or river route location, and water level, risks of falling out of or drowning while in equipment and such other risks and hazards or dangers that are that are integral to recreation activities that take place in a wilderness, outdoor, camp or recreational environment and d) and by my participation in these activities and/or equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, wether caused in whole or in part by the negligence or other conduct of the ministry volunteers, agents, officers, camp staff 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 Living Waters Christian Canoe Ministry, Camp Cherry Mountain, Windermere, the private land owners traveled, the volunteer and contract staff 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 paddling equipment or my participation in paddling activities, transportation, camp recreation and related activities. I specifically understand that I am releasing, discharging and waiving any claims that I may have presently or in the future for the negligent acts or other conduct by the ministry volunteers, agents, officers, camp staff or by any other person.

I hereby authorize Living Waters and its photographic agents to take and utilize photographs of me for the purpose of sale, promotion and advertising.

I understand that I and for whom I sign as Parent or Guardian must be of required age. I hereby authorize Living Waters and/or its agents to consent to medical treatment and authorize Medical Care providers to administer care as deemed warranted.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE LIVING WATERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, LOSS OF SERVICES OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

| | | | E-mail | | optional age |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|-----------------------------|
| X | | | | | |
| Signature of Participant | Street Address | | City, State, Zip | Print Name | If under 18 |
| FOR PARENTS/GUARDIANS OF PAR This is to certify that I, as parent/guardia and next of kin. I release and agree to in provided above. EVEN IF ARISING FR | n with legal responsibility of this pademnify and hold harmless the Rele | articipant, do cons easees from any a | sent to his/her release as provide and all liability incidents to my | minor child's involvement or part | icipation in these programs |
| X | | | | | |
| Parent or Guardian | | Date | Emergency phon | e number(s) | |