

# PARENT/GUARDIAN PERMISSION FORM

(This form to be used for minors only)

I hereby grant permission for my child, \_\_\_\_\_, to participate in whitewater rafting, kayaking, canoeing, tubing, biking, camping, climbing on a portable rock climbing wall and hiking or cross country skiing, with River & Trail Outfitters Inc., including the zipline at Camp Manidokan, and/or Eagle Aquatics'. And I hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's use of rafting, kayaking, canoeing, tubing, biking, camping, climbing on a portable rock climbing wall and hiking or cross country skiing equipment and my child's participation in rafting, kayaking, canoeing, tubing, biking, camping, climbing on a portable rock climbing wall and hiking or cross country skiing activities including the zipline at Camp Manidokan; (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, from, or during a raft, kayak, canoe, tube, bike, portable rock climbing wall, hiking or cross country skiing and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment, including the zipline at Camp Manidokan; 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 his/her scheduled activities. Any claims or dispute arising from my child's participation in River & Trail Outfitters' and/or Eagle Aquatics' activities or use of River & Trail Outfitter's and/or Eagle Aquatics' equipment shall be venued in the Washington County District Court for the State of Maryland.

My child is in good health and is at or above the minimum age stated in River & Trail Outfitter's and/or Eagle Aquatics' 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. Information on my child's physical handicaps or medical problems which I feel River & Trail Outfitters and/or Eagle Aquatics should know about will be given in writing in advance of the scheduled trip. I release and agree to indemnify and hold harmless the 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. Furthermore, 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.

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN RIVER & TRAIL OUTFITTER'S AND/OR EAGLE AQUATICS' RAFTING, KAYAKING, CANOEING, TUBING, BIKING, CAMPING, PORTABLE ROCK CLIMBING WALL AND HIKING OR CROSS COUNTRY SKIING ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

Group Name (if applicable) \_\_\_\_\_

Parents' Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Street and Apt. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Trip Date: \_\_\_\_\_

Child's Signature: \_\_\_\_\_

Emergency Contact (name) \_\_\_\_\_ (Phone) \_\_\_\_\_

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