

# WINDFALL OUTDOOR CENTER

## PARENT/GUARDIAN PERMISSION FORM

(This form to be used by minors only)

I hereby grant permission for my child \_\_\_\_\_ to participate in whitewater rafting, kayaking, rock climbing, biking, canoeing, or camping at Windfall Rafting Incorporated 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, kayaking, climbing, biking, canoeing, or camping equipment and my child's participation in rafting, kayaking, climbing, biking, canoeing, or camping 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 raft, 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 Windfall Rafting Incorporated activities or use of Windfall Rafting Incorporated equipment shall be venued in the Somerset County Supreme Court of the state of Maine.

My child is in good health and is above the minimum age stated in Windfall Rafting Incorporated advertising for each activity in which he/she will participate. 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 WINDFALL RAFTING INCORPORATED'S RAFTING, KAYAKING, ROCK CLIMBING, BIKING, CANOEING, OR CAMPING ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.**

Group name (if Applicable) \_\_\_\_\_

Email address \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Trip Date \_\_\_\_\_

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

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