Crooked River ADVENTURES

Trip Agreement Form

Participant Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Vehicle Make and Model: _____ License Plate Number: _____

Have you ever canoed or kayaked before? O Yes O No

Have you ever canoed or kayaked with Kent State University? O Yes O No

Emergency Contact

Name: _____ Phone Number: _____

Medical Information

Allergies	O Yes	O No	If yes, explain: _____
Heart Conditions	O Yes	O No	If yes, explain: _____
Medical Conditions	O Yes	O No	If yes, explain: _____
Diabetes	O Yes	O No	If yes, explain: _____
Other Medication	O Yes	O No	If yes, explain: _____

Policies

Alcohol and drugs are prohibited. Service will be refused to anyone under the influence.	O I understand
At least one person in the group must have a cell phone with them on the river.	O I understand
We reserve the right to canel any and all trips due to inclement weather or abnormal river conditions.	O I understand
Shoes must be worn at all times.	O I understand
Private property will be respected and will not be trespassed upon.	O I understand
Glass or styrofoam is not permitted on or near the river.	O I understand
We reserve the right to inspect any and all coolers.	O I understand
Life jackets must be worn at all times.	O I understand
Trash is to be placed in designated recepticals and will not be thrown in the river.	O I understand
There is no lifeguard on duty and swimming is done at my own risk.	O I understand
Customers will be held liable for damages or loss of any rental equipment.	O I understand
A $10 late arrival fee will be assess if not at the designated paddling location at the appointed time.	O I understand

_____

Signature **Date**

Office Use Only

Trip Number: _____ Canoe: _____ Kayak: _____ Departure: _____ Expected Arrival: _____

Payment Method: O Online O Cash O Check _____ O Credit Card O Coupon

Crooked River
ADVENTURES

Liability Form

Acknowledgment of Risk

I hereby acknowledge and agree that participation in the above activity has inherent risks. I have full knowledge of the nature and extent of all risks associated with this activity, including but not limited to:

- Injury in the form of cuts, bruises, abrasions, muscle, tendon strain and rope burn.
- Failure to follow safety policies and procedures and/or follow directions from activity leaders.
- The presence, actions or falls of other participants.
- Misuse of equipment or facilities, or failure of equipment.
- Fatigue, chill and/or dizziness, which may diminish reaction time and increase the risk of accident.
- Slips, trips, falls or painful crashes while using the facilities or equipment.
- Potential for drowning or other injuries caused by moving water.

I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness or death.

Assumption of Risk and Responsibility

In recognition of the inherent risks of the above activity, I the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators and assigns hereby do release Kent State University, its agents, officers, employees, participants, volunteers and all other persons or entities acting in any capacity on its behalf from any cause of action, claims or demands of any nature related to my participation in the above activity:

1. I acknowledge that the above activity entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I hereby certify that I have full knowledge of the nature of risks of the above activity and further understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Kent State University for any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Kent State University equipment or facilities, **including if such injury or damage is due to the negligence of KSU and its employees.**
4. Should Kent State University, or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold such harmless for all fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I am in good health, and that I have no medical or physical conditions that could interfere with my safety in this activity, or else I am willing to assume–and bear the costs of–all risks that may be created, directly or indirectly, by any such condition.

I certify that I have fully read and understood the forgoing acknowledgment of risks and assumption of risk and responsibility. I agree to abide by the policies and procedures of the Crooked River Adventures and follow all directions of the activity leaders. I further understand that the terms of this agreement are legally binding.

_____

Participant Name (Please Print) **Signature** **Date**

_____

Signature of Parent or Guardian (If Under 18) **Date**

Office Use Only

Trip Number: _____ Date: _____ Initials: _____