

# NORTHWEST WANDERTOURS

5465 NW 213<sup>TH</sup> Place

Portland, OR 97229

971-219-6552

## LIABILITY WAIVER

### PLEASE READ THE FOLLING AND SIGN

**WARNING:** There are significant elements of risk in any activity associated with watercraft, including rowing shells. Kayaks, inflatable floatation, and motorized craft, especially when these craft share the same waterways.

**ACKNOWLEDGEMENT OF RISK:** I realize there are inherent risks associated with this activity such as collision, capsizing, and sinking which can lead to personal injury, paralysis, dismemberment, hypothermia, drowning or other forms of death. I also realize that many factors contribute to the unpredictability of this activity, including but not limited to variable or changing wind and weather conditions, waves, and turbulence created by watercraft.

**ASSUMPTION OF RISK AND RESPONSIBILITY:** Having understood the aforementioned inherent and potential risks of this activity, I willingly and voluntarily assume responsibility for damage or loss of personal property as the result of any accident which may occur. I affirm that I am mentally and physically capable of participating in this activity and using the equipment.

**RELEASE:** In consideration of the services or property provided to me, I, for myself and any minor children for which I am parent, legal guardian, or otherwise responsible, any heirs, personal representatives or assigns, do hereby release Northwest Wandertours, dba Northwest Wandertours, its principals, directors, officers, agents, employees and volunteers from all liability and waive any claim from damage arising from my use of said equipment.

**I HAVE READ THE PRECEDING AND REALIZE THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING MY LEGAL RIGHTS. I UNDERSTAND THE POTENTIAL RISKS OF ROWING IN THE COLUMBIA RIVER AND RELATED WATERWAYS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ ID#: \_\_\_\_\_

**If the above is under 18:**

**PARENT OR LEGAL GUARDIAN SIGN BELOW:** I affirm that I am the parent or legal guardian of the individual signing this Release above and that I have read and understand the Release and accept the same, that I consent to the above individuals use of the equipment and that I agree on my own behalf and on the behalf of said individual to be bound by the contractual understandings set forth in this release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_