

## PARENT/GUARDIAN PERMISSION FORM

(This form to be used for minors only)

I hereby grant permission for my child, \_\_\_\_\_, to participate in kayaking or tubing with Rockin' River Adventures. And hereby agree as follows:

I fully understand and acknowledge that: outdoor recreational activities, including kayaking and tubing on the Catawba River, have: (a) inherent risks, dangers and hazards and such exists in my child's use of Rockin' River Adventures equipment and my participation in Rockin' River Adventures activities; (b) my child's 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, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Rockin' River Adventures; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes, including, but not limited to: agent decision-making, including that an agent may misjudge terrain, weather, trail or river route location, and water level, risks of falling out of or drowning while in a kayak or tube and other such risks, hazards and dangers that are integral to recreational activities and/or use of equipment, including the use of kayaks and tubes on the Catawba River. I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused whole or in part by the negligence or other conduct of the owners, agents, officers or employees of Rockin' River Adventures, or by any person. Jamie Caldwell, Dirk Tanis Jr and Rockin' River Adventures LLC provide, subject to availability, a non-livery and free transfer for the purpose of convenience to individuals only. I agree to hold Jamie Caldwell, Dirk Tanis Jr and Rockin' River Adventures harmless from any and all types of liability arising from conveyance in their personal vehicles

I have been advised that my child must wear an approved personal flotation device at all times while in 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 Rockin' River Adventures activities or use of Rockin' River Adventures equipment shall be venued in the Circuit Court, State or District Court in York County, SC.

My child is in good health and is at or above the minimum age stated in Rockin' River Adventures 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 Rockin' River Adventures should know about will be given in writing in advance of the scheduled activity. I release and agree to indemnify and hold harmless Rockin' River Adventures 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 releases, 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 to my heirs, successors, assigns, administrators and executors.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ROCKIN' RIVER ADVENTURES KAYAKING

OR TUBING, AND TO EXEMPT AND RELIEVE ROCKIN' RIVER ADVENTURES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I ACCEPT ALL RISKS ASSOCIATED WITH THE AFOREMENTIONED ACTIVITIES.

\_\_\_\_\_  
PARENT'S SIGNATURE  
DATE

\_\_\_\_\_  
\_\_\_\_\_  
PARENT'S NAME (PRINTED)  
GROUP NAME

\_\_\_\_\_  
\_\_\_\_\_  
CHILD'S NAME (PRINTED)  
CHILD'S SIGNATURE

\_\_\_\_\_  
ACTIVITY DATE

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY  
STATE ZIP

**Emergency Contact**  
(name) \_\_\_\_\_ phone \_\_\_\_\_

