

## Release, Waiver and Assumption of Risk

I recognize that because of the potentially hazardous nature of this paddle sport activity that serious injury or even death may occur. In the event of such and injury, I give permission to the attending physician to render such treatment as would be normal and agree to accept the responsibility for charges for necessary treatment. On behalf of myself and my heirs, I now release Bluffton University, its employees, agents and associates from liability due to personal injuries, death or damages to property caused by or having any relation to this activity before, during or after.

I, the participant, voluntarily and freely, assume the risk of the activity and will adhere to the safety instructions with use of all the appropriate equipment. **You must wear a life jacket at all times while on the water and have a buddy with you at all times.**

I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Address

### IN CASE OF AN EMERGENCY

NOTIFY (TWO SEPARATE INDIVIDUALS)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone#

INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_

ANY SPECIFIC MEDICAL PROBLEMS? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you swim? \_\_\_\_\_ Are you lifeguard certified? \_\_\_\_\_