

NORTHERN NEVADA CHILDREN'S CANCER FOUNDATION • Paddle for Pediatric Cancer

Team Name: _____ Bib # _____ Payment Method: _____

Number of Racers: _____ Timed Creative Payment Amount: _____

Water Craft Rental (\$10 per person): _____ Paddleathon: _____
 Qty: _____ Type: _____ Yes No

Event Liability Release

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. - YOU MUST READ AND UNDERSTAND IT BEFORE SIGNING.

Reno, Nevada • June 19, 2010

I recognize that there is an element of risk in any adventure sport or activity associated with the outdoors. I am aware that certain dangers can be minimized but never entirely eliminated. On a white water rafting trip, these dangers include, **but are not limited to**, the following: falling out of the raft into the river; falling down while on shore; colliding with exposed or submerged rocks, trees, other rafting equipment, and/or rafters; exposure to cold water and/or inclement weather and/or rough conditions; exposure to insects, plants, and/or animals capable of producing adverse physical reactions.

I certify that I am fully capable of participating in the Northern Nevada Children's Cancer Foundation Paddle for Pediatric Cancer Raft Race on June 19, 2010. As a participant, or if I am a parent/guardian of any minor child participating in the event, I assume full responsibility for myself and/or the child named below, for any bodily injury, death, or loss of personal property and/or expenses, which may result from participating in this trip/race. I certify that I, and any minor child on whose behalf I am signing, am/is in good physical condition and physically capable of participating in the river trip/race; have not been advised by a medical person to refrain from engaging in this type of activity; do not have a medical condition, medical history and am not taking any medications which might compromise my safety or the safety of others in my water craft; am a competent swimmer, and if not, understand the risks and personally assume the risks inherent in participating in this rafting/kayaking race without possessing competent swimming ability.

I consent to the dissemination and use of my name, likeness, and recorded voice, singularly or in conjunction with other photographs, and/or recordings by the print, television and radio media, or Northern Nevada Children's Cancer Foundation, for the sole purpose of raising funds to promote the mission of Northern Nevada Children's Cancer Foundation.

I have read this document. I understand that this is a release of all claims, no matter what the cause. I understand and expressly assume for myself and the minors named below, my/their heirs, assigns, legal representatives, executors and administrators, all the risks and dangers inherent in whitewater rafting and kayaking, whether or not identified in this release. I understand and agree that this release is intended to be legally binding; shall be construed broadly in favor of Northern Nevada Children's Cancer Foundation its directors, officers or employees; is to be interpreted under the laws of the State of Nevada with any dispute which may arise under its provisions to be adjudicated in the appropriate court in Reno, Nevada; and that this document contains the entire agreement between myself and Northern Nevada Children's Cancer Foundation.

By my signature below, I agree not to sue, claim against, or attach property of Northern Nevada Children's Cancer Foundation, its directors, officers or employees, and further agree to defend, indemnify, and hold harmless Northern Nevada Children's Cancer Foundation, its directors, officers or employees for any injury or loss of personal property caused by, or resulting from, my participation in any activities associated with the Northern Nevada Children's Cancer Foundation Paddle for Pediatric Cancer Raft Race to be held on June 19, 2010, no matter what the cause of the injury or loss. I voluntarily sign my name in agreement and acceptance of the provisions of this release and certify that I am over 18years of age.

Signature: _____
 Print Name: _____
 Address: _____
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Names of Minors Participating:

Name _____ Age _____ Signature of Parent/Guardian _____
 Name _____ Age _____ Signature of Parent/Guardian _____
 Name _____ Age _____ Signature of Parent/Guardian _____

MAKE ADDITIONAL COPIES FOR EACH TEAM AS NECESSARY