



## BWA BEGINNERS CLINIC RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_,

desiring to participate in the BWA Beginners Clinic, do hereby declare that I understand and accept the following facts of life on the river: 1. Canoeing, kayaking, and rafting, particularly on whitewater rivers, exposes the participants to various safety hazards, including but not limited to: water hazards (boulders, undercut rocks, trees, strainers, water formations such as water falls, holes, keepers, hydraulics, and other obstacles), swimming in turbulent water, using paddling equipment, accidents or illness in remote places without medical facilities, and travel in a vehicle not driven by me. 2. No one but I am responsible for myself when I choose to paddle a particular river or a particular rapid. 3. I further understand that I have no legal duty to assist others, nor does anyone else have a legal duty to render such assistance to me. I certify that I am in good physical condition, that I can swim, and that I have no physical defects or injuries that would prevent me from participating in this activity. I fully understand and agree that, when I participate in canoeing, kayaking, or rafting, there is always the possibility of the unknown, uncontrollable dangers and accidental or other physical injury and death. I know I can be killed, and I willingly assume the risk referred to in paragraph 1, and elsewhere in this release.

Therefore, in consideration for granting me the opportunity to participate in the BWA Beginners Clinic, and intending to be legally bound, I hereby release, waive, and discharge my rights to sue the BWA Beginners Clinic, its trip coordinators, instructors, leaders, officers, directors, representatives, agents, employees, and affiliates, and also any landowner or governmental unit which may allow the BWA Beginners Clinic to use its property, for any and all loss or damage of account of injury to my person or on account of my death, which may occur during, in preparation for, or in transit to or from a BWA Beginners Clinic activity. This waiver applies to acts or omissions of ordinary negligence and to any deliberate act intended to promote my safety or well being. This waiver is signed by me in the interest of permitting BWA Beginners Clinic to exist and to serve the paddling community, and to enable me and my fellow paddlers to feel free to donate their services to improving the sport and to help in training those less skilled in the sport without fear of liability.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND THE CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY. I SIGN IT OF MY OWN FREE WILL AND I WAS NOT COERCED. SHOULD I WISH TO WITHDRAW AT ANY TIME DURING THE CLINIC, I WILL BE REIMBURSED FOR ANY INSTRUCTIONAL FEES PAID.

PRINT NAME CLEARLY: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

For minors only: GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(parent or guardian must sign if participant is under 18 years of age)

Address: \_\_\_\_\_

FOR FURTHER INFORMATION, CONTACT: Phillip Sisk: Clinic Director (phone) 859-396-7445,  
(e-mail) pwsisk0@engr.uky.edu OR MAIL TO:

Phillip Sisk  
541 West Short Street Apt.36  
Lexington, KY 40507

*For more info on the BWA visit: <http://www.surfbwa.org>*