

Assumption of Risk/Waiver of Claim

Date _____

PLEASE PRINT CLEARLY: I, _____, wish to participate in the Dan River Sojourn 2011 offered by the Dan River Basin Association.

I understand that the above-mentioned program involves activity that can be both strenuous and physically demanding and could result in my being physically injured. Such injuries could include strained, sprained, or torn muscles, ligaments and tendons, broken bones, head or back injuries, concussions and even loss of life. I understand that this is only a partial list of the injuries I might receive as the result of engaging in this activity.

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity takes place. I agree to follow and comply with all such rules, regulations, instructions and/or requirements.

I have and will make use of a Personal Flotation Device for each person in my boat.

I understand that it is important that I be in good physical condition when I engage in this activity, and I understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity. I further understand that there may be a risk of injury traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the Dan River Basin Association, or any officer, board member, or employee of the Dan River Basin Association, or any volunteer, or the owner(s) of any private property or properties used in conjunction with this activity, or the estate or representatives of such person(s) for any personal injury or loss I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract or otherwise;

I understand that photographs may be taken during this event. I grant to DRBA, its representatives and employees the right to take photographs of me and any minors in my company in connection with this activity. I authorize DRBA, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that DRBA may use such photographs of me and any minors in my company, with or without my name, and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

I have the following **physical impairments** or **medical conditions**, including allergic reactions:

I grant permission for the trip coordinator to seek medical attention should the need arise and parent/next of kin cannot be reached by telephone.

In case of emergency, contact: Name _____

Address _____ Phone _____

PLEASE READ CAREFULLY BEFORE SIGNING

X _____
Signature of Participant Signature of Parent/Guardian (If Participant Is Under 18)

Address City State Zip

Phone Email (for future notices)