MINOR WAIVER AND RELEASE OF LIABILITY

(under age 18 at time of signature)

PLEASE READ CAREFULLY

(This form is to be used for Minors Only)

In consideration of Have Kayak Will Paddle furnishing services and/or equipment to enable me to participate in Have Kayak Will Paddle's activities, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (A) inherent risks, dangers and hazards, and such exist in my use of Have Kayak Will Paddle equipment and my participation in Have Kayak Will Paddle activities; (B) my 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 Have Kayak Will Paddle, 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 guide decision-making (including that a guide may misjudge terrain, weather, trail or river route location, and water level), risks of falling out of or drowning while in a canoe or kayak, and such other risks, hazards and dangers that are integral to recreational activities and/or use of equipment. I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of Have Kayak Will Paddle, or by any other person.

I further agree to abide by a policy of no alcohol or illegal or mood/mind altering substances on equipment or guided trips, and to wear a life jacket at all times. I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Have Kayak Will Paddle and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Have Kayak Will Paddle equipment or my participation in Have Kayak Will Paddle activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of Have Kayak Will Paddle. I permit the use of any photos, slides, films, or sketches taken during the day's activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on 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 EXEMPT AND RELIEVE Have Kayak Will Paddle and its owners, agents, officers, and/or employees FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

	Name (please print):		Date of Birth://	
MINOR	Street Address:			
	City:	State:	Zip:	
	Phone:(
	Minor Signature:			
ACT HEA ANI OWI OR ER/ WIL	DI, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, FIVITIES AND THE MINOR'S EXPERIENCE AND CAPABALTH, AND IN PROPER PHYSICAL CONDITION TO PARD RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENNERS, agents, officers, and/or employees ("Releasees") WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'L INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF SI, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCU	SILITIES AND BELIEVE THE M TICIPATE IN SUCH ACTIVITY. ITION TO EXEMPT AND RELII FROM LIABILITY FOR PERSO OTHER CAUSE. I FURTHER A S BEHALF MAKES A CLAIM THE Releasees FROM ANY	IINOR TO BE QUALIFIED, IN GO I HAVE READ THE ABOVE WA EVE Have Kayak Will Paddle an ONAL INJURY, PROPERTY DAM IGREE THAT IF, DESPITE THIS W AGAINST ANY OF THE Release LITIGATION EXPENSES, ATTOR	OOD IVER Id its IAGE /AIV- ees, I
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	Name (please print): Phone:(E-mail Address:		
AAR GUA	Parent/Gaurdian Signature:			