



PACE Alliance Paddle Battle Waiver of Liability

Name of Paddle Battle Participant

Your e-mail

Your address

Your Phone

In consideration for participating in the Pella Paddle Battle, I agree as follows:

1. I hereby acknowledge, appreciate and agree that the risk of injury from the activity of paddling a raft in the PACE Alliance Paddle Battle is significant including the potential for permanent paralyses and death. I knowingly and freely assume all such risks both known and unknown and assume full responsibility for my participation in Paddle Battle.
2. I understand the nature of the activity and I am qualified and am in good health and in proper physical condition to participate in the activity.
3. I agree to participate wearing a personal flotation device. I realize that there may be other risks not known to me or not readily foreseeable, but I fully accept and assume all such risks whether or not identified above.
4. I understand that I may be photographed or videotaped during the event, and my photo may be used for marketing purposes.
5. I, for myself and on behalf of my heirs, assigns, executors, estate trustees, personal representatives and next-of-kin hereby release, indemnify and hold harmless The Pella Area Community and Economic Alliance, the City of Pella, the US Army Corps of Engineers, Rock Island District, Lake Red Rock, Lake Red Rock Association, the Lake Red Rock Balloon Fest and their officers & volunteers, the Paddle Battle officers, officials and volunteers, and their respective employees, officers, directors, members and officials, and their respective heirs, successors and assigns (collectively, the "Released Parties") from any and all personal injury, property damage and other loss or injury to myself arising from my participation in Paddle Battle, including if arising from the negligence of the Released Parties, and agree that my hold harmless includes any claim made by any third party in connection with any negligence or misconduct on my part.
6. I have read the foregoing waiver and liability release fully. By signing below, I understand its terms, understand that I have given up substantial rights and signed it freely and voluntarily without inducement.

Signature (Sign and Print Name)

Date

____ Put a check here If you are a parent/guardian signing for a minor child participant, in which case your signature confirms that you are signing for yourself and your minor.