

**Matthew & Stacie Kaye DBA Fair Winds Cabins, Inc. (DBA Pale Whale Canoe Fleet)**

READ CAREFULLY

**WAIVER AND RELEASE OF LIABILITY**

**PARENT / GUARDIAN PERMISSION FORM (MINORS ONLY)**

In consideration of Matthew & Stacie Kaye DBA Fair Winds Cabins, Inc. (DBA Pale Whale Canoe Fleet), from now on referred to as FWCI-PW, furnishing services and/or equipment to enable to participate in FWCI-PW, I hereby grant permission for my child to participate in whitewater rafting, biking, kayaking, camping, or canoeing at FWCI-PW and I hereby agree as following:

I fully understand and acknowledge the outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exist in my use of FWCI-PW 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 ailment that could cause serious disability; (c) these risks and dangers may be caused by the negligence or the owners, employees, officers or agents of FWCI-PW; 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 raft, canoe, kayak or such other risks, hazards and dangers that are integral to recreational activities and/or us of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damage, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of FWCI-PW, or by another person.

I, the undersigned on behalf of themselves, their heirs, executors, administrators, successors, and assigns; also the undersigned parents, guardians, or supervisors of the minor child or children accompanying them on behalf or said minor child or children, and child's parents, heirs, executors, administrators, successors, and assigns, do hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify FWCI-PW and its owners, agents, officers, 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 FWCI-PW equipment or my participation in FWCI-PW 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 FWCI-PW.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which FWCI-PW or its agents is a party shall be either the city of Marienville, Pennsylvania Justice Court or the County or State Supreme Court in Forest County.

My child is in good health and is at or above the minimum age stated in FWCI-PW advertising for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems, which will present any risk to his/her participation in the activities. I permit the use of any photos, slides, films, or sketches of him/her taken during the day's activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding to my heirs, successors, assigns, administrators and executors.

**I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN FAIR WINDS CABINS, INC. (PALE WHALE CANOE FLEET) RAFTING, BIKING, KAYAKING, CAMPING, OR CANOEING ACTIVITIES, AND RELIEVE FAIR WINDS CABINS, INC. (PALE WHALE CANOE FLEET) FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name (printed) \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_