Waiver and Release of Liability (Minor)

Parent/Guardian Permission Form			
(This form to be used for minors only)			
I hereby grant permission for my child _ Shelton Canoe Shuttle, Inc. (Canoe Cour	ntry)	to pa	participate in rafting, kayaking, camping, or canoeing at
on (date), a	nd I hereby agree ε	as follows:	
equipment and my child's participating is activies and/or use of such equipment madangers may be caused by other particips from foreseeable or unforeseeable causes of falling out of a raft, kayak, or canoe, a	n rafting, kayaking ay result in injury o ants, or by accident s including, but not and such other risks	, camping or canoe or illness or death o ts, or by the forces t limited to, selections, hazards and dang	ild's use of rafting, kayaking, camping or canoeing eing activities; (b) my child's participation in such or damage to personal property; (c) these risks and s of nature or other causes. Risks and dangers may arise ion of river route, water level, weather conditions, riskes gers that are integral to recreational activities that take accept and assume these risks and dangers.
child will not be under the influence of a during her/his scheduled activities. Any	lcohol or controlle claims or dispute a	d substance, and warising from my chil	levice at all times while on the water. I affirm that my will not carry, use, or consume these substances before or ild's participating in Shelton Canoe Shuttle, Inc. (Canoe aipment shall be venued in the Delaware County Court in
required and my child has no known phy activities. I permit the use of any photos,	vsical disabilities or , slides, films, or sk	r health problems, vetches of him/her t	understand that strenuous physical exertion may be which will present any risk to his/her participation in the taken during the day's activities for publicity, nall be binding on my heirs, successors, assigns,
	ON CANOE SHUT	TTLE, INC. (CAN	NTENTION TO GRANT PERMISSION FOR MY IOE COUNTRY) RAFTING, KAYAKING, CAMPING, ISKS ASSOCIATED THEREWITH.
Group Name (if applicable)			
Parents Name (Print)	Signatu	ıre	
Street Address			
City	State	Zip	
Child's Name	Age	Trip Date	
Child's Signature			

DO NOT LOSE - GIVE COMPLETED FORM TO YOUR GROUP LEADER