HIWASSEE OUTFITTERS PARTICIPANT RELEASE OF LIABILITY
AND ASSUMPTION OF RISK AGREEMENT
***READ BEFORE SIGNING***

Organization Name ________________________________________________

Participant Name ________________________________________________

In consideration of being allowed to participate in any way in the program, related
events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant,
   including the potential for permanent paralysis and death.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF
   ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility
   for my participation.

3. I willingly agree to comply with terms and conditions for participation. If I
   observe any unusual significant hazard during my presence or participation, I will
   remove myself from participation and bring such to the attention of the nearest
   official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next
   of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE HIWASSEE SCENIC RIVER
   OUTFITTERS INCORPORATED, its officers, officials, agents and/or employees, other
   participants, sponsors, advertisers, and, if applicable, owners and lessors of
   premises used to conduct the event (RELEASEES), from any and all claims, demands,
   losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I
   may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE
   NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY
UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING
IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X______________________________________________________ _________ _______________
Participant’s Signature       Age   Date

Phone Number_______________________Address_________________________________________

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this
participant, do consent and agree to his/her release as provided above of all the
Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to
indemnify and hold harmless the Releasees from any and all liability incidents to my
minor child’s involvement or participation in these programs as provided above, EVEN
IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X_______________________________ _______________ ______________________________
Parent/Guardian Signature   Date    Emergency Phone Number(s)

Email (Optional for specials & updates)________________________________________