

WAIVER OF CLAIMS AND RELEASE OF LIABILITY FOR THE
INTERSTATE COMMISSION ON THE POTOMAC RIVER BASIN'S "A WALK IN THE WOODS"

One waiver form per person

As a condition for participation in touring events, including but not limited to canoeing, hiking, kayaking, swimming, and camping, conducted by the Interstate Commission on the Potomac River Basin, and cooperating sponsors, agencies, and individuals. I understand, acknowledge, and certify the following:

- I have adequate physical and mental health for this adventure, have truthfully and filled out the medical information page, and authorize the leaders and organizers of this trip to obtain emergency medical treatment for me, if necessary.
- I understand that canoeing, kayaking, hiking, swimming, camping, and riding in vehicles are activities that involve inherent hazards associated with the dynamic and unpredictable environment. Participants can be injured walking or climbing along the shore, getting into or out of boats, and while paddling. I recognize that all hazards cannot be foreseen or controlled and this is not an exclusive or exhaustive list of possible ways to become injured. My participation may result in physical injury, or even death. Interstate Commission on the Potomac River Basin does not have control of all the risks involved.
- I understand that these inherent risks may result from forces of nature, equipment failure, gross negligence, and willful intentional misconduct or insufficiencies of the participants or leaders.
- By my participation in these activities I hereby assume all risks and dangers and all responsibility for any physical injury, permanent disability, or economic losses that I might incur.
- On behalf of myself, my personal representatives, my heirs and relative, and my and their Attorneys, I voluntarily agree to release, waive, discharge, hold harmless, and covenant not to sue the Interstate Commission On the Potomac River Basin, its employees, other participants, sponsoring agencies, and owners and lessors of premises used to conduct the event (all of these entities are here after referred to as "releasees") from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services, etc., even if caused or alleged to be caused by gross negligence and willful and intentional misconduct on the part of Interstate Commission on the Potomac River Basin, participants, or other releasees.
- I hereby give permission for my photo to be taken during activities with the Interstate Commission on the Potomac River Basin, or cooperating sponsors, to use said photographs in commercial or non-commercial publicity.

I HAVE HAD ADEQUATE TIME TO READ AND HAVE READ THE ABOVE WAIVER AND RELEASE AND ASSUMPTION OF RISK AGREEMENT AND BY VOLUNTARILY SIGNING IT AGREE IT IS MY ATTENTION TO EXEMPT AND RELIEVE THE INTERSTATE COMMISSION ON THE POTOMAC RIVER BASIN, AND ALL OTHER RELEASEES, INCLUDING PARTICIPANTS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH BY GROSS NEGLIGENCE OR WILLFUL AND INTENTIONAL MISCONDUCT OR ANY OTHER CAUSE.

Signature required on the second page.

Medical and Emergency Contact Information

Interstate Commission on the Potomac River Basin

Name (please print clearly): _____

Emergency Information:

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Medical Information:

Overall condition of your health: _____

What medications are you taking? : _____

Do you have any medical conditions or limitations that might affect your participation, such as high blood pressure, epilepsy, or back injuries _____

List any allergies (i.e. bee stings, drugs, foods, etc.) _____

Any other medical conditions _____

Certifications:

List any current canoeing, swimming, and/or emergency medical certification:

I hereby agree to abide by all rules and policies of the Interstate Commission on the Potomac River Basin and recognize that I may be prohibited from activities if I fail to comply with the rules and policies. I authorize the Interstate Commission on the Potomac River Basin (ICPRB), and any of the staff of the ICPRB to obtain emergency medical treatment, if necessary, for me.

Participant signature

Date

Signature of parent or guardian
(if participant is under 18)

Please include your email address below if you would like to sign up for the ICPRB newsletter:

Email address