

ROSARYVILLE RETREAT CENTER

Paddle Boat Waiver

THIS IS A WAIVER AND RELEASE OF LIABILITY – PLEASE READ BEFORE SIGNING

In consideration of being allowed the use of Rosaryville Retreat Centers Paddle Boat(s), I, _____, the undersigned, acknowledge, appreciate, and agree that:

____ There is the risk of injury related to the use of these Paddle Boat(s), including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,

____ 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; and,

____ I willingly agree to comply with the stated and customary terms and conditions for use of the Paddle Boat(s); and,

____ I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Rosaryville Retreat Center, employees and/or volunteers and guests WITH RESPECT TO ANY AND ALL INJURY, DISABILITY OR DEATH, or loss or damage to person or property associated with my presence and/or use of the Paddle Boat, 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.

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Paddle Boat Rules

____ I understand that everyone who rides in a Paddle Boat must wear a life jacket at all times with no exceptions.

____ I understand I am liable for any and all damages of any lost supplies of Rosaryville Retreat Center Paddle Boat or life jackets.

____ I hereby release Rosaryville Retreat Center and its staff from any injuries which may occur during use of the paddle boats.

_____ I understand I am responsible for getting adult supervision for the time allotted.

Date(s) of use _____

Name of group _____

Person responsible for group _____

I agree to all of the above statements.

Signature of person responsible _____