



Hold-harmless Agreement

Part A: Release from Liability

In consideration of my membership in the Iowa Whitewater Coalition, Inc.,
I, _____, hereby agree as follows:

1. I fully understand that the Iowa Whitewater Coalition, Inc. is a democratic, non-profit organization of equals engaged in whitewater paddling and reconnecting the rivers in central Iowa for the mutual benefit of all participants;
2. I understand that the Iowa Whitewater Coalition, Inc. does not lead, nor contract to take myself, nor any other person, on trips;
3. I recognize the inherent risks involved with river trips and outdoor activities, including the risks of capsizing, collision, drowning, injury to body and damage or loss of equipment.
4. I agree that I will not, in any way, hold the trip organizers, other participants, members, executive or directors of the Iowa Whitewater Coalition, Inc. liable for any claims or demands for damages or injuries or losses of any nature or kind to me or my property, which is also binding upon my successors, executors or heirs arising out of my participation in Iowa Whitewater Coalition, Inc. activities;
5. I am responsible for any medical or rescue expenses incurred by my participation in Iowa Whitewater Coalition, Inc. activities;
6. As a parent or guardian of a child under 18 years of age, I will accompany and responsibly supervise that child while they are engaged in Iowa Whitewater Coalition, Inc. activity, and will accept responsibility for them;
7. I am responsible for informing fellow participants/organizers of any and all medical conditions that would affect or compromise my ability to engage in Iowa Whitewater Coalition, Inc. activities; and
8. I acknowledge that I have read the above and fully understand the nature and consequences of granting my consent and agree to hold Iowa Whitewater Coalition, Inc. harmless for any and all claims for liability of damages against the trip organizers, other participants, members, executive or directors of the Iowa Whitewater Coalition, Inc.

Dated at _____ the _____ day of _____, 20__

Signed: _____ Witness:* _____

*Signature of parent or guardian required if under 18 years of age.

Part B: Emergency contact information (print clearly)

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

e-mail: _____

Phone: _____

Experience, including number of years and any canoeing or kayaking schools: _____

Emergency contact: _____ Telephone number _____

Medical provider: _____

Address: _____ Telephone number: _____