## GUAM KAYAK AND CANOE FEDERATION WAIVER AND RELEASE OF LIABILITY READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any way in the GUAM KAYAK AND CANOE FEDERATION (GKCF) sports and recreation program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin: 1. ACKNOWLEDGE, agree, and represent that I understand the nature of Paddlesports and related Activities and that I am qualified, in good health, in proper physical condition to participate in such Activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately notify the nearest official and discontinue further participation in the Activity. 2. FULLY UNDERSTAND that: (a) Paddlesports and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity. 3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE GUAM KAYAK AND CANOE FEDERATION (GKCF), its affiliated Canoe Clubs and Programs -Independent Interscholastic Athletic Association of Guam (IIAAG), Haggan Outrigger Canoe Club (HOCC), Outrigger Guam Canoe Club (OGCC), Marianas Paddlesports Racing Association (MPRA), their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

| Printed Name of the Participant                                                                                                                                                                                                                                                                                                                                                                                              | Sign                                                                                                                                                                                             | Signature of Participant                                                                                                      |                                                                                                                                                   |                                                                                       |  |
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| ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                               |                                                                                                                                                   |                                                                                       |  |
| (Street)                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  | (City)                                                                                                                        | (State)                                                                                                                                           | (Zip)                                                                                 |  |
| Date of Birth: Phone                                                                                                                                                                                                                                                                                                                                                                                                         | e Number:                                                                                                                                                                                        |                                                                                                                               | Date:                                                                                                                                             |                                                                                       |  |
| FOR PARTICIPANTS OF MINORITY AGE (UNDER AND/OR LEGAL GUARDIAN, UNDERSTAND THE EXPERIENCE AND CAPABILITIES AND BELIEVE PHYSICAL CONDITION TO PARTICIPATE IN SUCH AND AGREE TO INDEMNIFY AND SAVE AND HODEMANDS, LOSSES, OR DAMAGES ON THE MIT PART BY THE NEGLIGENCE OF THE "RELEASE FURTHER AGREE THAT IF, DESPITE THIS RELEAGAINST ANY OF THE RELEASEES NAMED ABORDED AND LITIGATION EXPENSES THE RESULT OF ANY SUCH CLAIM. | E NATURE OF PADDLESI<br>E THE MINOR TO BE QUA<br>CH ACTIVITY. I HEREBY<br>DLD HARMLESS EACH O<br>NOR'S ACCOUNT CAUSE<br>ES" OR OTHERWISE, IN<br>EASE, I, THE MINOR, OR<br>OVE. I WILL INDEMNIFY. | PORTS AND RE<br>LIFIED, IN GOO<br>RELEASE, DISO<br>F THE RELEAS<br>D OR ALLEGE<br>CLUDING NEGI<br>ANYONE ON T<br>SAVE, AND HO | LATED ACTIVITIES AID HEALTH, AND IN P<br>CHARGE, COVENANT<br>EE'S FROM ALL LIABI<br>D TO BE CAUSED IN N<br>LIGENT RESCUE OPE<br>HE MINOR'S BEHALF | ND THE MINOR'S PROPER NOT TO SUE, LITY, CLAIMS, WHOLE OR IN RATIONS AND MAKES A CLAIM |  |
| Printed Name of the Parent/Guardian - Only if the participant is under the age of 18 ye                                                                                                                                                                                                                                                                                                                                      | Signal -                                                                                                                                                                                         | ature of the Pare<br>Only if the parti                                                                                        | ent/Guardian<br>cipant is under the age                                                                                                           | of 18 years old                                                                       |  |
| ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  |                                                                                                                               |                                                                                                                                                   |                                                                                       |  |
| (Street)                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                  | (City)                                                                                                                        | (State)                                                                                                                                           | (Zip)                                                                                 |  |
| PHONE:                                                                                                                                                                                                                                                                                                                                                                                                                       | DATI                                                                                                                                                                                             | <u> </u>                                                                                                                      |                                                                                                                                                   |                                                                                       |  |