| NSPN | WAIVER AND FLO | AT PLAN - All | participants mus | st sign a copy of th | is document. |
|--|---|---|---|---|---|
| Date: June 16,2020 | | | Event: Portsmouth area paddle | | |
| Launch, Stops, Destination: Goat Islan | d, Portsmouth offshore i | slands, Wallis Sand | ds | | |
| | A | CKNOWLEDGMENT AND AS | SUMPTION OF RISKS / RELEAS | E AGREEMENT | |
| or legal guardian/s (hereafter collect Massachusetts, including all officers | ively 'parent/s') must also sign. In cons | ideration of the services of the last ideration of the services of the last identities. | North Shore Paddlers Network, Incors, volunteers (including leaders a | c., a charitable, not-for-profit corporation | (hereafter sometimes 'minor' or 'child'), parent/s, organized and existing under the laws of persons or entities associated with it (collectively |
| Document as 'activities' or 'these act | | are volunteers. They are not pa | aid professional guides or leaders. | In all activities, all participants share in t | or travel to and from activities (referred to in this the responsibility for their own safety and the |
| participant or others. Some, but not cause potential delays or difficulties act carelessly or recklessly. I unders | all of these risks include: hazardous an with transportation, evacuation and me tand that NSPN cannot assure particip or the inherent and other risks (both | nd unpredictable ground, water of edical care; equipment that can eant's safety or eliminate any of | or weather conditions; misjudgmer fail or malfunction; the potential that these risks. Participant is voluntari | its made by leaders, co-leaders, particip at the participant or others (e.g. co-partic ly participating with knowledge of the ris | motional trauma, paralysis, disability or death to ants or others; travel in remote areas that can cipant, driver, medical and rescue personnel) maks. Therefore, participant (and parent/s of minors ipant, resulting from those risks, and/or resulting |
| expenses (including reasonable cosinjury, damage, death or other loss t | ts and attorneys' fees) (hereafter collect | ctively 'claim' or 'claim/s'), includ d with my or my child's enrollme | ding claim/s resulting from NSPNs ent or participation in these activitie | negligence (but not its gross negligence es, or my or my child's use of NSPN equ | rd to any and all claims, liabilities, suits, or or intentional or reckless misconduct), for any ipment, facilities or premises. I understand I agr |
| be filed or entered into only in Massa | | to be interpreted and enforced to | | | at any mediation, suit, or other proceeding must inlawful or unenforceable shall not affect the |
| | HILDREN AND OTHER FAMILY MEMI | | | | /LEDGE THAT IT SHALL BE EFFECTIVE AND both in their capacity as a participant, and as |
| | | | (fill in if using as float plan) | | |
| Name | Signature | Your Mobile # | Emergency Contact # | Boat Colors and Model | Car Color and Model |
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