



# Acknowledgement of Risks

For Registrants Under 19 years of age

**BY SIGNING THIS YOU ACKNOWLEDGE THAT YOU ARE AWARE OF CERTAIN RISKS**  
**Please Read Carefully!**

Re: Participation in Fairway Gorge Paddling Club Society (FGPCS) paddling programs, pursuant to the FGPCS safety guidelines, rules and regulations, (collectively referred to as the "Rules").

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_ DOB: \_\_\_\_\_ Email Address: \_\_\_\_\_

(All personal information given by participants will only be used for administration and regular communication with respect to related programs & events with FGPCS. For more information regarding our Personal Information Protection Privacy Policy and rules and regulations, please visit [www.fgpaddle.com](http://www.fgpaddle.com)).

TO: Fairway Gorge Paddling Club Society, and their respective directors, officers, employees, contractors, representatives, officials, agents, and volunteers.

### ACKNOWLEDGEMENT OF RISKS

I am aware and understand that paddling sports have inherent dangers, hazards and risks (collectively called the "RISKS"). The following is only a partial list of examples of these RISKS:

- ACCIDENTS WHICH OCCUR WHILE LOADING AND UNLOADING EQUIPMENT
- ABRUPT WEATHER CHANGES
- COLLISION WITH MAN MADE OR NATURAL OBJECTS OR OTHER PADDLERS OR BYSTANDERS
- CONDITIONS OF WATER SURFACE AND VARIATIONS IN THE WATER CONDITIONS, SURFACES AND CURRENTS
- EQUIPMENT FAILURE
- IMPROPER USE OF EQUIPMENT
- NEGLIGENCE OF OTHERS
- OVERTURNING OR UPSETTING OF THE BOAT
- FALLING FROM THE BOAT WHILE ON THE WATER
- POOR SWIMMING ABILITY OF MYSELF OR OTHERS FACILITY & SITE HAZARDS
- NEGLIGENCE OF THE RELEASEES
- SUSTAINED RIGOROUS PHYSICAL ACTIVITY
- TRAVEL TO AND FROM SITE
- DROWNING
- IMMERSION IN COLD WATER
- HYPOTHERMIA

I understand that injuries resulting from such RISKS are a possible occurrence of paddling sports.  
I acknowledge that it is my responsibility to act in such a manner as to be responsible for my own safety and participate within my own limits.

\_\_\_\_\_  
Signature of Registrant

I, as a parent or guardian of the Registrant, acknowledge that, by my signing this document, I am, in addition to the Registrant and others, assuming the responsibility to educate and inform the Registrant of the RISKS.

\_\_\_\_\_  
Witness' signature

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date signed

### Emergency Contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_