

ALGONQUIN PADDLING ADVENTURE

JULY 27-AUGUST 1, 2020

Earth Spirit Educational Services, Inc.

P.O. Box 261

Orchard Park, NY 14127

716-941-6267

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

_____ **Register me for the Algonquin Paddling Adventure 2020**

_____ Enclosed is my \$200.00 deposit. Once trip is a go, deposit is non-refundable

_____ I've made my deposit payment online at earthspiritedu.org

_____ **I would like additional information. Please contact me as soon as possible**

Waiver and Assumption of Risk:

This program is offered to healthy persons. It should not be construed as having curative effects nor should it be used as a source of therapy for any medical conditions without first obtaining clearance from a physician. I understand and agree to the refund policy which applies to the fee-based programs. I hereby release Earth Spirit Educational Services, its employees and agents for liability for injury, death or property loss suffered by me resulting from the ordinary negligence, its agents or employees in any way associated with participating in any and all activities now or in the future. I acknowledge that I know, understand and appreciate the inherent risks of outdoor pursuits. I know that these risks range from minor scrapes, strains and bruises to significant injuries such as broken bones, eye injury or loss, concussions, paralysis and even death. By the execution of this agreement, I fully assume the inherent risks associated with outdoor activities and assert that I am voluntarily participating in such activities. I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand I am giving up substantial rights, including my right to compensation for injury. I acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability for ordinary negligence to the greatest extent allowed by law.

Date: _____ Signature: _____

