

**PARENT/GUARDIAN PERMISSION FORM**

(This form to be used for minors only)

I hereby grant permission for my child \_\_\_\_\_ to participate in kayaking, camping, hiking or canoeing at Aardvark's Florida Kayak Company on (date) \_\_\_\_\_, and I hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's use of kayaking, camping or canoeing equipment and my child's participation in kayaking, camping or canoeing activities; (b) my child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risks of falling out of a kayak, or canoe, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear an approved personal flotation device at all times while on the water. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances before or during her/his scheduled activities. Any claims or dispute arising from my child's participation in Aardvark's Florida Kayak Company activities or use of Aardvark's Florida Kayak Company equipment shall be venued in the Citrus County Court of the State of Florida, the City of Inverness, Florida Justice Court or State Supreme Court in Marion County, FL

My child is in good health and is at or above the minimum age stated in Aardvark's Florida Kayak Company advertising ( 11 years of age for children not accompanied by an adult parent of guardian) for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems, which will present any risk to his/her participation in the activities. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I permit the use of any photos, slides, films, or sketches of him/her taken during the day's activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

**I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN AARDVARK'S FLORIDA KAYAK COMPANY KAYAKING, CAMPING, OR CANOEING ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.**

Group Name (if applicable) \_\_\_\_\_

Parents Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Street and Apt. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

• Print Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Trip Date: \_\_\_\_\_

Child's Signature: \_\_\_\_\_