

**Canoe Rental Form**

The employee will check all canoes, paddles and life preservers before they are checked out and make notes as to their appearance. If an item is brought back not in the condition as it was received the renter shall pay to purchase or

Acknowledgement of risk of injury:

As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injury, including death, damages or loss, which I may sustain as a result of participating in any and all activities connected with or associated with such program.

Waiver of claim for injury:

I agree to waive and relinquish all claims I may have as a result of participating in the program against the City of Stoughton and its officers, agents, servants and employees.

Release from liability:

I do hereby fully release and discharge the City of Stoughton and its officers, agents, servants, and employees from all claims from injuries, including death, damage or loss, which I may have, or participation in the program.

Indemnity and defense:

I further agree to indemnify and hold harmless and defend the City of Stoughton and its officers, agents, servants and employees from all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

Damage:

I agree to return the canoe, paddles and life preservers in the condition to which I received them.

I have read and fully understand the above Waiver and Release of ALL claims.

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver License Number

**Contact information:** Email: [stoughtonrecreation@ci.stoughton.wi.us](mailto:stoughtonrecreation@ci.stoughton.wi.us) Phone: (608)873-6746

**PARENTAL CONSENT:** (To be completed if applicant is under 18 years of age)

I give my consent for my son/daughter \_\_\_\_\_ to participate in the above activity, and I execute the above liability release on his/her behalf.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date