

Assumption of Risk and Release of Liability for Wolf Ridge Sea Kayak Tours on Lake Superior



I acknowledge and am aware that sea kayaking on Lake Superior involves hazards and inherent risks including personal injury or death, which I accept. These risks also include, but are not limited to, exposure to cold water, capsizing a kayak, changes in lake conditions, changes in weather conditions, equipment malfunction, and poor judgment of my own or by others. Following appropriate medical consultation, I have determined that my health is adequate to participate safely in these activities. As well, following appropriate medical consultation, I have determined the health of the children for whom I am a guardian is adequate to safely participate on this sea kayak tour.

Accordingly, by my decision to participate on a Wolf Ridge sea kayak tour on Lake Superior and with my signature below, I hereby release Wolf Ridge Environmental Learning Center, and Split Rock State Park including all of their personnel, agents, affiliates, staff and directors, from any and all liabilities to me with respect to injury, death, sickness, loss or damages. This release applies to any and all liabilities to me or my estate of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these related liabilities, I or my estate, will indemnify and hold harmless Wolf Ridge Environmental Learning Center for all sums incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

I authorize Wolf Ridge to use any images taken of me and/or my family members in publicity materials for Wolf Ridge.

For participants under 18 years of age:

I give permission for the children between 12 and 18 years of age listed below to participate on a Wolf Ridge sea kayak tour on Lake Superior. I attest that I am a legal guardian for each of the children listed below

_____ / _____ (print name of participant/relationship)

_____ / _____ (print name of participant/relationship)

_____ / _____ (print name of participant/relationship)

Parent/ Guardian or Participating Adult Name

_____ (please print legibly)

Parent/ Guardian or Participating Adult Signature

_____ Date _____

