

**Rubicon Adventures Stand Up Paddleboarding Release of Liability
Read Before Signing**

* Print, Fill Out, Scan & Email to bill@RubiconAdventures.com or Mail with Payment to:
9743 Pocket Canyon Rd, Forestville, CA 95436

In consideration of being allowed to participate in any way in Rubicon Adventures operations, rentals, or its related events and activities, I, (Print Full Name) _____ Acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in stand up paddleboarding is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to attention of RUBICON ADVENTURES personnel immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE; INDEMNIFY, AND HOLD HARMLESS RUBICON ADVENTURES, their officers, officials, contractors, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign freely and voluntarily without any inducement.

X _____ Date: _____

PARTICIPANT SIGNATURE (Print Name)

Address: _____ City: _____ State: _____ Zip: _____

Email Address _____

[] I have been offered a Personal Flotation Device (PFD) by Rubicon Adventures at no additional cost and it is recommended that I wear one during the activity.

Do you have any existing medical conditions? [] No [] Yes: If Yes explain:

_____ (use back side if necessary)

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER 18)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my child and our heirs, assigns, and next of kin, 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 operations, events and activities as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date: _____

PARENT/GUARDIAN'S SIGNATURE (Print Minor's Name)

* We have extras Release Forms on site if you forget yours.

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