

Date _____

Lease Agreement
American Canoe Adventures
10610 Bridge St
White Springs, FL 32096
(386) 397-1309

Beginning Point _____

Canoes _____

Adults _____

Ending Point _____

Kayaks _____

Children _____

Launch Time _____

Paddles _____

Total _____

Pickup Time _____

Flotation _____

.....
Please read the following and all Adults must sign.

I'm aware that outdoor recreational activities can be hazardous and I assume all risk of injury, loss of life, and damage to person and property during such activity, fully realizing that American Canoe Adventures from now on referred to as ACA or its agents are not responsible for any such injury, loss of life, or damage to person or property and agree to pay for, defend, indemnify, and hold ACA, or its agents, employees, successors, and assigns harmless from all liabilities, claims, demands, cost, losses, expenses or compensation of whatever nature, for loss, damage or injuries to persons to property sustained by me, my heirs, personal representatives, successors, and assigns, and all other persons resulting from or in any way connected with transporting of use of equipment furnished by ACA, or its agents, directly or indirectly caused or contributed to the cause of said injury, loss of life or damage to persons or property by their negligent acts, gross negligence or recklessness.

I understand that the use of equipment furnished by ACA constitutes an acceptance of said equipment on a lease basis "AS IS." I agree to pay for any damage done to said equipment or property of others. If I fail to return any or all of said equipment, I will reimburse ACA for the amount of replacement cost. If ACA personnel must search for any member of my party, I will pay for said search. I, as a parent or guardian or supervisor of a minor child, make the agreement individually and on behalf of this minor child to induce ACA, to allow this child to participate in this activity.

I have read and I understand and agree with all terms of this Lease Agreement.

Name (Print)

Signature

Cell Phone Number

Address

Signature

Cell Phone Number

City, State, Zip

Signature

Cell Phone Number

(_____) _____
Phone Number

Signature

Cell Phone Number

How did you hear about us?

Signature

Cell Phone Number

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF AMERICAN CANOE ADVENTURES, INC. USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM AMERICAN CANOE ADVENTURES, INC. IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND AMERICAN CANOE ADVENTURES, INC. HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Guardian's Signature

Name of Minor D.O.B

Print Full Name (Guardian)

Name of Minor D.O.B

Good Phone Number (Guardian)

Name of Minor D.O.B

Name of Minor D.O.B