

## **Moraine View Restaurant & Kayak Rental**

27374 E 900 North Rd., Leroy, IL 61752 <u>www.MORAINEVIEW.com</u> | 8.MORAINE.98

## GROUP KAYAK & BOAT RENTAL AGREEMENT AND WAIVER

Organization/Group Name:			Event [	Date:	Event Start Time:	
Coordinator Na	me:					
Address:			Email:			
City:	Stat	e: Zip:	 Phone:			
Driver's License	e/ID Number: _			ID Stat	e:	
Photo ID/DL must	remain in the offi	ce until boat is ret	urned.			
Coordinator Na	me:					
Address:			Email:			
City:	Stat	e: Zip:	Phone:			
Driver's License	e/ID Number:		······································	ID Stat	<del></del> e:	
Photo ID/DL must					<u></u>	
Boat Type	Price/Hr Q	TY Charge	Extra Hours	Extra Hours Ch	arge	
Single Kayak	<b>\$15</b>	\$		\$		
Double Kayak	\$20	\$		\$		
Canoe	\$20	\$ \$		\$	_	
Row Boat	\$20	\$		\$	<del>_</del>	
Paddle Boat	\$20	\$		\$	<del>_</del>	
					TOTAL	
ТО	TAL CHARGES	\$	<del></del>	\$		
DIS	SCOUNTS	\$		\$	\$	
					DEPOSIT \$	
				ΔΜ	OUNT DUE \$	
				Alvi	OON1 DOL \$	
IIS ACTIVITY IS NO ovide appropriate CKNOWLEDGE THE add exposure to columnation properly,	T WITHOUT RISK equipment and/o E FOLLOWING RIS Id water or wate or poor sense of	: There are real door skilled staff so the SKS: 1) Other boars of uncertain questions aboars	that you can enjoy th ts, and the possibility ality. 3) My physica t. 4) Heat or sun rela	sport. Although we e activity, certain riggs of collision. 2) Inc I limitations such ated maladies, suc	circumstance. have taken reasonable step isks cannot be eliminated. lement weather, lightning, wa as inability to swim, to use the as heat stroke or dehydratident. 5) And any other poter	
			es, risks, safety prec s information with al		etiquette information provide group.	
gnature(s) of Cod	ordinator(s):					

**EXPRESS ASSUMPTION OF RESPONSIBILITY:** I assume full responsibility for myself and all individuals participating in this event for all risks, including bodily injury, accident, illness, death, loss of personal property, the boathouse property or any third party. **RELEASE:** In consideration of service and property received, I for myself, the group participants and the organization I represent or am otherwise responsible for, any heirs, or personal representatives, or assigns agree that: IDNR, Moraine View State Park, Moraine View Restaurant & Kayak Rental, Moraine View LLC, Partner Smart LLC, their principals, agents, employees, and volunteers, their insurers, and each and every land owner and municipal and government agency, upon whose property the activity is conducted, and their insurers, if any SHALL HAVE NO LIABILITY OF ANY NATURE FOR ANY AND ALL DAMAGE TO ME AND OTHER PERSONS OR PROPERTIES as a result of my/our participation in the activity.

I agree to wear a Coast Guard approved flotation device while participating. My participation is strictly voluntary. I verify that I am physically fit and not under the influence of alcohol or any drugs at this time and during the rental of the boat. For safety reasons, we reserve the right to refuse or cancel service to individuals for any reason.

PARTICIPANT NAME	SIGNATURE (18+)	PHONE NUMBER	EMAIL	