

Crocus Hill Kayaking

Date: _____

Name: _____

Email: _____

Cell: _____

Age: _____

Yes, I acknowledge that the use of the river/lake and participation in kayaking involves various risks, dangers, and hazards. I assume all risk of personal injury, death, or property loss.

Yes, I give my consent that Crocus Hill Kayaking may collect, retain, use and disclose photographs, videos, images, audio of myself, and use my name, for advertising purposes.

Signature: _____



Initials