

Inherent Risks

The following is a partial list of the inherent risks associated with the Activities at the USNWC. This list does not include all inherent risks but serves to provide examples and promote an understanding of the risks.

The USNWC Does Not Provide Onsite Medical Services.

All of the Activities at the USNWC expose participants to risk of:

- Death
- Head trauma and facial injuries
- Fractures, dislocations, sprains, strains and other soft tissue injuries
- Contusions, lacerations, abrasions, and various forms of blunt force trauma
- Complications associated with exposure to weather and physical exertion
- Impacts with other individuals or participants and/or their equipment
- Perils and hazards arising from other guests
- Perils and hazards arising from natural features, plants, animals, insects, wet surfaces, tripping and/or falling hazards and other types of contact with man-made and natural features
- Perils and hazards arising from equipment failure or malfunction and potential misjudgment by staff
- Remote locations that can delay the delivery of emergency medical services
- Loss of personal property

Rafting, Kayaking and other water based Activities more specifically expose participants to risk of:

- Drowning or other complications associated with immersion in water
- Falling into water and/or swimming in turbulent water
- Becoming pinned or entrapped by items or obstacles in/on the water
- Colliding with rocks, boats and other items in the water
- Falling while entering or exiting any boats
- Motorized watercraft on the Catawba River

Biking, Climbing, Zipping, and all other land based Activities more specifically expose participants to risk of:

- Falls from heights and obstacles
- High speeds and sudden stops
- Trauma resulting from being fully supported in a harness for an extended period
- Colliding with rocks, trees, ground, and other objects
- Situations where other participants will be involved in providing safety support to the guest
- Opportunities to become lost

USNWC Rules and Regulations

- Observe all posted signs and warnings as well as obey all instructions provided by the USNWC staff
- Remain away from the edges of the whitewater channels and do not enter the channels at any time unless paddling
- All participants must have a whitewater PFD and helmet while on the river. All bikers must wear helmets at all times
- All participants must wear appropriate safety equipment and use all equipment in the manner directed by the USNWC
- Keep your hands on your paddle when riding the conveyor belt and never touch any aspect of the conveyor belt system. Remain at least 50 feet from the pump intakes and outflows
- We strongly recommend that all persons engaging in any activity on the water should be able to swim
- No personal items that can be lost should be brought along while engaging in any of the activities. USNWC is not and can not be responsible for any guest's personal property
- No outside food or beverage is allowed on the premises. No smoking is allowed at the USNWC
- Inform your guide of any physical limitation or any safety concern you may have, but remember that USNWC cannot determine if you can safely participate. Persons that have physical limitations, are suffering any illness, or are pregnant should not engage in the Activities unless they have consulted their physicians
- Always remain in control
- Do not engage any element or aspect of the Activities without the supervision or permission of the USNWC
- Do not drink alcohol prior to participating in or during any activity
- Children must be supervised by a parent or guardian at all times

¹ Activities are defined as all activities associated with or occurring at or near the USNWC, including, without limitation, rafting, kayaking, canoeing, rock climbing, biking, hiking, running, trail usage, eco-trekking, utilizing the challenge/adventure course, mega-jump and zip line (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities), spectating, walking and special events.

² USNWC means U.S. National Whitewater Center, Inc., its directors, officers, employees, agents, volunteers, sponsors, and lessors.

Carmel Baptist Church

Release & Consent Agreement for Youth

I hereby, for myself, my heirs, executors, and administrators, waive and forever discharge any and all right and claims for damages which I may have or which may hereafter accrue to me against CARMEL BAPTIST CHURCH, their members, respective officers, agents, representatives, successors, and/or assigns, individually or collectively for any and all damages and liabilities which may be sustained and suffered by me in connection with my association with/or arising out of my traveling with, participation in, and returning from any activity sponsored by CARMEL BAPTIST CHURCH.

The youth and others whose signature are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physician and surgeons. I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide necessary care, including anesthesia, for my child's well-being.

I give my consent and permission for the taking of photograph and/or video of my child during the described event and waive and/or assign any and all rights (including copyright) for use in various media including website.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below.

DATE: _____ * Participants SS # _____

PARTICIPANT'S NAME: _____
(Please print) LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY/STATE/ZIP

HOME PHONE: _____ PARENT'S WORK PHONE: _____

Do you take any medication on a regular basis? _____ Yes _____ No

If yes, please describe _____
(If you are on medication during this trip, please notify the adults in charge)

In the event parents cannot be reached, please call: _____
Relationship: _____ Phone: _____

PARTICIPANT'S SIGNATURE: _____

INSURED PERSON'S NAME: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

Signature of Parent or Guardian

* Your child's social security number is OPTIONAL. If your child has to go to the hospital, the hospital will bill your insurance company if you have their social security number; if you don't have the social security number the hospital will bill you and you will submit the bill to your insurance company.