



**York River State Park
Special Programs and Canoe Trip Release Form**

Name _____ Date _____

Address _____

Street

City

State

Zip Code

Telephone Number _____

Weight _____

In making this application, I affirm that I am in good health, capable of performing the required exercise to participate, and that I accept as my personal responsibility the hazards of such participation and will not hold the Department of Conservation and Recreation, York River State Park, York River Recreations, employees or volunteers responsible. Hazards include, but are not limited to obstacles in the water, sun exposure, possible wet and slippery conditions, personal fatigue, deep water, currents, obstacles on trails, insect bites, poison ivy, other plant allergies, possible high anxiety situations, loud noises and darkness, causing less-than-perfect night vision. In consideration of the Department of Conservation and Recreation, York River State Park, York River Recreations accepting my application, I hereby release and forever discharge the Department of Conservation and Recreation, York River State Park, it's employees and volunteer staff, from any liability whatsoever arising as a result of my participation in this activity and I declare that this release is binding on me, my heirs, executors, administrators and assignees.

Signature _____ Date _____

Name of parent/guardian/group leader responsible for group

Signature of parent/guardian/group leader for following participants under the age of 18:

Name _____ Age _____ Weight _____

Name _____ Age _____ Weight _____