



## ECHO DALE BOAT RENTAL PERMISSION

Name of youth \_\_\_\_\_ Date \_\_\_\_\_, 2010

I agree that I will:

- wear the PFD at all times when in possession of the rental boat (even when on land).
- treat all rented equipment with respect, and return it in good condition.
- not bother other people who are on or near the boating lake.
- promptly follow the directions of the staff.
- not consume any alcohol.

\_\_\_\_\_  
Signature of youth

Failure to follow these rules will result in immediate loss of privileges with no refund.

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Parent:

By signing this application, you confirm that you are aware of the programs and services provided by Redrock Voyageur Ltd. at Echo Dale Regional Park, and have reviewed the above rules with your child. A tandem canoe or open kayak may be rented to your child, to be used only on Echo Dale Boating Lake. Your child may receive paddling instruction that will take place on the water on Echo Dale Boating Lake and on the adjacent lawn.

The risk of personal injury or death is inherent to some degree in all outdoor activities. Water-based activities bring a risk of drowning. Life guards are NOT present at this site. Collision with boats or paddles is a significant hazard. Please be careful!

### PERMISSION TO PARTICIPATE

I ask that Redrock Voyageur Ltd. allow my child to rent a boat and participate in paddling programs at Echo Dale Boating Lake. My child is 12 years of age or older.

I relieve Redrock Voyageur Ltd, its owners, staff, volunteers and agents, of all liability with respect to any death, injury, loss or damage associated with my child's use of this equipment, the instructional program, and/or the Echo Dale boating lake, from any cause whatsoever, including negligence.

I acknowledge the risk of paddling on Echo Dale Boating Lake, and I release and indemnify the City of Medicine Hat, including its officers, employees, agents and elected officials from any injury (including death) or property damage arising from my child's use of this equipment and/or lake.

I HAVE READ THE TERMS OF THIS CONTRACT AND AGREE TO BE LEGALLY BOUND BY IT. I TAKE FULL RESPONSIBILITY FOR THE USE OF THIS EQUIPMENT AND FACILITY BY MY FAMILY.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed clearly)

\_\_\_\_\_  
Address (printed clearly)

City \_\_\_\_\_ Code \_\_\_\_\_

Please speak with a staff on-site, refer to [www.redrockvoyageur.ca](http://www.redrockvoyageur.ca) or call 403-527-2052 for more information about the equipment and programs provided by our company.