

YUKON RIVER QUEST – Youth (Age 17 & Under) Participant AOR Form

ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITY AND INFORMED CONSENT

INFORMED CONSENT OF PARENT OR LEGAL GUARDIAN ACKNOWLEDGEMENT OF RISK AND RESPONSIBILITY FORM FOR CHILDREN UNDER THE AGE OF 18

WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!

NAME OF MINOR PARTICIPANT (please print)

BIRTHDATE OF MINOR (dd/mm/yy)

NAME OF PARENT/ LEGAL GUARDIAN

EMAIL ADDRESS OF PARENT / LEGAL GUARDIAN

RELATIONSHIP TO MINOR

PHONE NUMBER FOR EMERGENCY

Check to receive discounts,
promotions by e-mail

I, _____ (Parent or Legal Guardian), on behalf of the Minor Participant acknowledge the following:

- I am aware that the Minor Participant named above (the “**Minor**”) will be participating in the Yukon River Quest solely at my own discretion and the discretion of the Minor. The Yukon River Quest is a multi-day paddling race located in remote and rugged terrain and is meant to be a test of toughness, strength, stamina, and mental grit. Those activities could include all activities, events, or services provided, arranged, organized, conducted, sponsored, or authorized by the Yukon River Marathon Paddling Association (“the **Association**”), including without limitation: paddling in Voyageur canoes, C4 canoes, tandem canoes, tandem kayaks, solo kayaks, and stand-up paddleboards; camping and camping activities during the race; instructional courses and sessions; clinics and workshops; transportation or travel to and from locations used for the activities; and loading and unloading of vehicles (hereinafter collectively referred to as “the **Activities**”).
- **I UNDERSTAND THAT PARTICIPATION IN THE YUKON RIVER QUEST AND THESE ACTIVITIES CAN BE HAZARDOUS AND MAY INVOLVE THE RISK OF PHYSICAL INJURY OR DEATH.** I acknowledge that my participation in the Activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the Activities. The risks and hazards include but are not limited to: slips and falls while canoeing, kayaking or paddleboarding, or disembarking from the canoe, kayak or stand-up paddleboard; overturning of the canoe, kayak or stand-up paddleboard; loss of balance while in the canoe, kayak or on the stand-up paddleboard; falling from the canoe, kayak or stand-up paddleboard; hypothermia due to exposure to very cold water; drowning; variation in the water conditions, surface and currents; changing and inclement weather conditions including storms, high wind and lightning; entrapment by trees, logs, rocks or equipment; collision with rocks, trees, logs, deadfall, boating equipment; equipment failure; forest fires; forest fire smoke and lack of visibility caused by smoke; limited access to and/or delay and/or unavailability of first aid or rescue; inability to act safely or within one’s ability; negligence or failure of other persons to act safely; my health condition; physical exertion, exhaustion, dehydration, hypothermia, heat-related illnesses; mental distress; sleep deprivation; lack of shelter; encounters with domestic animals and wild animals including but not limited to bears and moose; becoming lost or disoriented; and accidents that occur while camping and walking on terrain that can be steep and have holes, depressions, loose gravel, rocks, mud, and roots. I understand that the participation in these activities may result in muscle and joint sprains and strains; cuts and bruises; broken wrists, arms, ankles and legs; internal injuries, concussions, hallucinations, and other serious injuries including paralysis or death.

SIGNATURE OF PARENT/ LEGAL GUARDIAN

DATE (dd/mm/yy)

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- I am not aware of the Minor having any existing health, mental, or physical conditions that may increase his or her risk in participating in the Activities.
- I UNDERSTAND PARTICIPATING IN THE ACTIVITIES COULD RESULT IN THE MINOR'S INFECTION WITH THE COVID-19 VIRUS, WHICH COULD INVOLVE FLU-LIKE SYMPTOMS, RESPIRATORY PROBLEMS, ORGAN FAILURE, PERMANENT DISABILITY, OR DEATH. I agree that I will not permit the Minor to participate in any of the Activities, if: (1) to the best of my knowledge and awareness, the Minor is experiencing, or has experienced in the prior 14 days, flu-like symptoms or symptoms of any transmissible viral or bacterial infection or disease; or (2) to the best of my knowledge and awareness, the Minor has been in contact in the prior 14 days with any person diagnosed with the COVID-19 virus. I will not permit the Minor to participate in any Activities if I have been advised by the Minor, the Chief Medical Officer of Health for the Yukon, or the Minor's doctor to physically isolate due to possible exposure to COVID-19.
- The Minor has been informed that he or she must follow the rules and instructions communicated by the Association and its staff.
- I understand that if the Minor does not follow the Association's rules and instructions, he or she might lose their privilege to participate in the Activities and the Yukon River Quest.
- I understand that the Association has no responsibility for supervising the Minor and that the Minor is solely responsible for their safety while undertaking the Activities.
- In permitting the Minor to participate in the Activities, I am not relying on any oral, written or visual representations or statements made by the Association or their directors, officers, employees, guides/instructors, agents, or representatives or any other inducement.
- Based upon my understandings and acknowledgements described herein, I give the Minor permission to participate in the Activities and the Yukon River Quest.

SIGNATURE OF PARENT/ LEGAL GUARDIAN

DATE (dd/mm/yy)