



# Friends of Pisgah

## Pisgah Reservoir Kayak & Canoe Outing

### Saturday, October 2<sup>nd</sup>, 2021 10:00AM

#### FUN FOR ENTIRE FAMILY



**Where:** This event on Pisgah Reservoir provides access to this paddling gem. Meet at the lower Pisgah State Park trailhead parking lot on NH Route 119 between Ashuelot and Winchester so we can load boats for hauling. All boats must be transported by Friends of Pisgah volunteers up the normally gated Reservoir Road to the remote Pisgah Reservoir. You may hike or hitch a ride. We'll return to the parking lot at 3PM. Rain date is the next day, Sunday, October 3<sup>rd</sup>.

**How to Pre-Register:** Pre-register on this form, **maximum 4 individuals to a form**. Additional forms are available at [FriendsOfPisgah.org](http://FriendsOfPisgah.org). Send completed form(s) to Friends of Pisgah, PO Box 134, Chesterfield, NH 03443-0134. Questions, email Jack [jkondos@home-efficiency.com](mailto:jkondos@home-efficiency.com).

**Fee:** Free, only the first 30 reservations accepted, arrive by 10 AM. **Life Preservers required** for all, in addition to a canoe or kayak bring lunch and water.

#### Waiver and Release of Liability:

I fully understand and hereby assume the risks and dangers in this Reservoir outing and waive, release, discharge, and agree not to sue, from any and all liability for my death, disability, personal injury, property damage, property theft, or action of any kind as a result of my participation in or travel to or from this event, the following organizations and its members: Friends of Pisgah, Inc. et al, the State of New Hampshire and their officers, directors, employees, representatives, agents, and volunteers.

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND BY SIGNING IT FOR MYSELF AND ANY MINOR CHILDREN FOR WHICH I AM A PARENT, LEGAL GUARDIAN OR OTHERWISE RESPONSIBLE, AGREE TO RELIEVE FRIENDS OF PISGAH, INC. AND THE STATE OF NEW HAMPSHIRE FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

#### Additional Family Members:

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_