Fisheating Creek Outpost Float Plan

Name:_____ **Camp Site:**_____ **Departure Date:**_____

Departure Time:_____ **Overnight?** *(Circle)***:** Yes No **Due Back Time and Date:**_____

Intended Route *(circle)***:** Upstream Downstream Burnt Bridge Ingram's Crossing Local

Emergency Contact:_____ **Relation to You:**_____

Your Cell Number:_____ **Emergency Contact Number**:_____

1. Canoe and kayak rentals are at your own risk. Fisheating Creek Outpost and Cape Leisure Corporation staff are not responsible for personal injury or loss of property.
2. Person renting must be 18 years or older, and at least one person in the group must be 18 years or older.
3. All individuals renting canoes or kayaks must have a wearable Type I, II, or III Personal Floatation Device (PFD).
4. Florida law requires that children under 6 years of age MUST WEAR a Personal Floatation Device (PFD).
5. Renter will be required to reimburse Cape Leisure Corporation for all damaged or lost equipment.
6. All guests (renters and passengers) are reminded that it is illegal to feed or harass any wildlife.
7. Please remember to collect all your trash and deposit it in an appropriate receptacle at the end of your trip.

The risk of injury from all activities, including boat rental and shuttle service, involved in this program can be significant, including the potential of personal injury, property damage, or wrongful death resulting from any cause. I also understand and agree with the canoe and kayak rental rules and regulations as stated above. I hereby release and hold harmless Cape Leisure Corporation, Cape Leisure Fisheating Creek, LLC, the State of Florida, the Florida Fish and Wildlife Conservation Commission, and Lykes Brothers from liability for personal injury, property damage, or wrongful death.

1:_____ _____ _____
(Participant's Printed Name) *(Age)* *(Participant's Signature)*

2:_____ _____ _____
(Participant's Printed Name) *(Age)* *(Participant's Signature)*

3:_____ _____ _____
(Participant's Printed Name) *(Age)* *(Participant's Signature)*

4:_____ _____ _____
(Participant's Printed Name) *(Age)* *(Participant's Signature)*

5:_____ _____ _____
(Participant's Printed Name) *(Age)* *(Participant's Signature)*

6:_____ _____ _____
(Participant's Printed Name) *(Age)* *(Participant's Signature)*

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE UNDER 18 AT TIME OF REGISTRATION: ***This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above for myself, my child and our heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless Cape Leisure Corporation, Cape Leisure Fisheating Creek, LLC, the State of Florida, the Florida Fish and Wildlife Conservation Commission, and Lykes Brothers from any and all liabilities and incidents resulting from my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES, to the fullest extent permitted by law.***

_____ _____ _____
(Parent/Guardian's Printed Name) *(Parent/Guardian's Signature)* *(Date)*