

WCPRD ADAPTIVE WATER EQUIPMENT RENTAL POLICY AND LIABILITY WAIVER

Rev. 6/14/22

POLICY

1. Adaptive water equipment can be reserved by calling the WCPRD Main Office at (270)842-5302 Monday – Thursday from 8am – 4pm.
2. Participants may reserve equipment in 3-hour time slots: **9am – 12pm** or **1pm – 4pm** on Mondays through Fridays (weekdays) from April 1 through September 30. These rental time slots include transport/transfer in and out of the river, as well as cleaning of the equipment.
3. Participants must reserve the adaptive water equipment at least 72 hours (3 days) prior to the reservation.
4. Participants under 18 using the adaptive water equipment must have a family member/companion (18 or older) to assist in transport in and out of the water.
5. Participants 18 and older must provide a family member/companion, if they need assistance.
6. Participants will be permitted to utilize equipment **ONLY when the WCPRD River Safety Flag is “GREEN.”**
7. The adaptive water equipment is available for use free of charge **only to individuals with intellectual or physical disability.**
8. The family member/companion (if applicable) is **required** to get in the water with participant. If the family member/companion would like to use a separate kayak to paddle with the participant, they should request one at the time of rental. One will be provided if available.
9. It is strongly recommended that both the participant and companion be able to swim.
10. Both the participant and the family member/companion are required to wear personal floatation devices (PFD).
11. The family member/companion may have only **one participant at a time** in the water (even if there are more than one participant in his/her group).
12. The park staff will **not** always be in the water during the rental. They will be in the area supervising. **WCPRD staff are not certified lifeguards.**
13. The patron(s) should report to the Drakes Creek put-in location (Olde Stone side of Phil Moore Park) at the reserved time and meet with park staff who will provide a copy of this policy and waiver for completion and signatures. This form **MUST** be **completed** and **signed** by the patron and/or companion who is 18 or over before being given a lifejacket and the requested equipment.
14. WCPRD will provide instruction on all equipment prior to usage of the equipment.
15. Water wheels, bellyaks, kayaks, and other adaptive equipment may only be utilized on Drakes Creek at Phil Moore Park Old Stone Side (unless approved by WCPRD staff).
16. Participants may drive down to the drop-off area to utilize the accessibility matting. All vehicles must be parked in the designated parking spots during the rentals.
17. Reservations may be canceled by Warren County Parks and Recreation Department at any time due to severe weather, high river currents, when the river safety flag is **RED** or **YELLOW**, or if conditions are deemed unsafe by WCPRD staff.
18. After the rental is completed, the WCPRD staff will collect all equipment before the patron leaves.
19. WCPRD Park Staff will inspect equipment for any damage. Patrons may be charged for any damaged or missing equipment.

Requested Equipment (indicate 1 for participant or 2 if family member/companion requests equipment also):

Bellyak#1 _____ Bellyak#2 _____ Waterwheel#1 _____ Waterwheel#2 _____
Kayak#1 (10ft) _____ Kayak#2 (10ft) _____ Kayak#3 (12 ft) _____ Kayak#4 (12ft) _____
Kayak Paddle _____ Outrigger _____
Paddle Pivot with Pedestal _____ Wrist-Slide Hand Adaptation _____

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Date of Rental _____ Time Slot of Rental _____

Participant Name _____ Age _____ DL # _____

Address _____

Street City State Zip
Phone (Day) _____ Phone (Evening) _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

Name of Family Member/Companion _____ Phone _____

Relationship to Patron _____ Age _____ DL # _____

Address _____

Street City State Zip
Email Address _____

MEDICAL/HEALTH RELATED INFORMATION

To prepare for certain needs of various adaptive equipment, NOT an eligibility requirement

- | | |
|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Low / No Vision |
| <input type="checkbox"/> Spinal Cord Injury (level of injury _____) | <input type="checkbox"/> Deaf / Hard of Hearing |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Other (please explain) _____ |
| <input type="checkbox"/> Seizures | _____ |
| <input type="checkbox"/> Stroke | _____ |

LIABILITY WAIVER

I understand and agree to abide by the regulations and policies of the Warren County Parks and Recreation Department while utilizing their adaptive water equipment. I agree to waive, release, absolve and hold harmless, and indemnify Warren County Fiscal Court, Warren County Parks and Recreation Department staff, employees, and volunteers from any and all claims, suits, actions, damages and/or causes of action for any personal injury, loss of life, property damage and other liability, including the Warren County attorney's fees and costs, arising out of my participation with this equipment in Drakes Creek or any other body of water being utilized. This waiver and release are intended to be an express waiver of and release from any and all claims against Warren County Fiscal Court, Warren County Parks and Recreation Department staff, employees, and volunteers arising from the usage of the adaptive equipment, including all claims or causes of action based on the alleged negligence or gross negligence of Warren County Fiscal Court, Warren County Parks and Recreation Department staff, employees, and volunteers. I expressly agree that this waiver and release shall be interpreted as releasing Warren County, its officials, officers, agents, and employees from all liability and claims to the fullest extent allowed by applicable law. I further understand that persons with a history of back trouble, heart, and high blood pressure are not to participate in using this equipment without providing the Warren County Parks and Recreation Department staff with a dated doctor's consent form.

I understand that the Warren County Parks and Recreation Staff is **not able to assist me** with my transport/transfer to and from equipment for any reservation, program, function, or event, but that It is the responsibility of the participant, parent, and/or companion, and that if I have specific needs, I will bring a parent/companion to assist me or I will not be permitted to utilize the adaptive water equipment.

Participant: _____ Date _____
(18 or over) Signature

Family member/companion Assisting: _____ Date _____
(18 or over) Signature

