

Release, Waiver, Indemnification and Assumption of Risk

Cornax Cove AX	
Participant Name	Date of Birth
Home Address	
Email Address	Phone
Dates of Travel	
Activities associated with any vacation at Miracle Bay, Coffma Sport fishing, Hunting, Clam Digging, Crabbing, Sightseeing, W	
The undersigned participant or legal guardian if the participan Release, Waiver and Indemnification for the participant and a	
death, permanent paralysis, injuries, accidents, illness and the	tivities that certain dangers may occur, including but not limited to hazards and forces of nature, all of which are part of the normal physical and/or travel activities involved with a stay at Miracle silures or other such unforeseen problems.
Bay, I have and do hereby assume all the above-mentioned ris the above-mentioned activities. I will indemnify and hold har representatives from any and all liability, actions, debts, claim	
·	isk and be binding upon all my heirs, executors, administrators and mnification shall include attorneys' fees incurred in defending any regarding any claim.
	nt to Miracle Bay by me will become the property of Miracle Bay. I e photos may be used on the Miracle Bay website, in brochures or
	such as vehicles, canoes, boats, motors, poles, reels, etc. while in my pay all fees associated with replacement or repair. This includes d any poles or reels lost or damaged.
risks involved and accept these terms and risks. I understand to discuss this document with anyone that I might choose and part=payment for the right to participate in the aforemention	legal rights that I would have otherwise been entitled to enforce. I
Signature of Participate (or legal guardian)	
	Date