



Roanoke/Cashie River Center

112 W. Water St, Windsor, NC 27983
(252) 794-2001
www.partnershipforthesounds.org

CANOE RENTAL RATES

1 Hour— \$10 per canoe
4 Hours—\$20 per canoe
8 Hours—\$35 per canoe
Overnight—\$50 per night

BERTIE CO. RESIDENT DISCOUNT

1 Hour—\$8
4 Hours—\$16
8 Hours—\$25
Overnight—\$35

All rental rates include life jackets and paddles.

At least 1 person in the renting party must be 18 years or older.

Credit card # or \$25 deposit required: _____

Canoe must be returned to RCRC. \$10/hour additional charge assessed for late return.

\$50 charge to pick up canoe from another location.

Special arrangements must be made if canoe is to be returned when RCRC is closed.

RENTAL AGREEMENT

Date and time of rental: _____

Date/time for canoe to be returned: _____ Time in: _____

RCRC auth: _____

Canoe Rental Period:

1 Hour _____ 4 Hours _____ 8 Hours _____ Overnight _____ for _____ night(s)

Total cost: \$ _____ Paid by: _____ Cash _____ Check _____ Debit/Credit

Canoe#: _____ PFD#s: _____ Paddle#s: _____

Name: _____

Street Address: _____

City/St/Zip: _____

1 RENTAL FORM MUST BE COMPLETED FOR EACH CANOE RENTED



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COVENANT NOT TO SUE, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

Acknowledgement of Risk and Statement of Personal Competency with Canoes:

As a participant in canoe rentals and/or canoe trips at the Roanoke/Cashie River Center, I have a full understanding of the inherent risks that travel on water involves. **I understand these risks include the possibility of serious injury or death while boarding, on board, or debarking from the vessel, and that unpredictable weather events or other hazards may arise suddenly and present a risk of injury, trauma, or death.**

I acknowledge that I: **(1)** have a basic understanding of canoeing techniques and water safety, **(2)** will wear the life jacket provided, and **(3)** will abide by all regulations and precautions asked of me by the Partnership for the Sounds, but recognize that the risks stated above remain a possibility in spite of all due diligence.

Waiver:

In accepting these risks voluntarily, I and my heirs, assigns, and personal representatives agree to hold harmless and not sue to seek damages from the Partnership for the Sounds (Roanoke/Cashie River Center) in the event of any personal injury, trauma, or death that may occur to me during any part of the activity.

I and my heirs, assigns, and personal representatives also agree to indemnify the Partnership for the Sounds against any and all claims, judgments, legal fees and expenses, medical fees and expenses, or other costs arising from any subsequent actions that may result from my participation in this boat trip.

I have read, understand, and agree to abide by all conditions stated above.

Name (print) _____ Date _____

Signature _____

Address _____

Home Phone: _____ Cell: _____

NOTE: If participant is under 18, a parent or legal guardian must sign at Signature line above.

Emergency contact: _____

Home Phone: _____ Cell: _____

1 WAIVER MUST BE COMPLETED FOR EACH PERSON CANOEING