



RIDE THE ROCK WATER TRAIL

SATURDAY | JUNE 13, 2026



Registration Deadline | June 8

THIS YEAR'S TRIP IS PLANNED TO BE SIGNIFICANTLY SHORTER WITH MORE SHADE!
We won't process payment or finalize registration until JUNE 12TH!
This trip will be family and beginner friendly!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

TRIP DATE: Saturday, June 13, 2026

REGISTER BY: Monday, June 8, 2026

All prices include transportation, snack, lunch and a Take 16 token.

Indicate by circling in the box for the time and equipment you select.

\$35 per person if you provide your own canoe or kayak

\$45 per person if we provide the kayak or canoe | Second/third person in a canoe is \$35

Each participant must have signed waiver; waiver is on the back page.

Under 18 must be accompanied with an adult.

YOU MUST PROVIDE YOUR OWN LIFE JACKET and YOU MUST WEAR SHOES!

Return registration, waiver & payment to Luverne Area Chamber by June 8th.

Cash/Check/Credit Card accepted. Payments won't be processed until June 12th.

STAGING TIME	TIME ON RIVER	CANOE	SINGLE KAYAK	2ND & 3RD PERSON IN CANOE	PROVIDE YOUR OWN	TOTAL
8:30 AM	9:30 AM	\$45	\$45	\$35	\$35	
9:30 AM	10:30 AM	\$45	\$45	\$35	\$35	
					FINAL TOTAL	

PAYMENT: Make check to: Luverne Area Chamber

Credit card payment: Card Number: _____

Expiration Date _____ V-Code: _____ Zip Code: _____

MAIL/DELIVER: Luverne Chamber—213 East Luverne Street—Luverne MN 56156

EMAIL REGISTRATION: luvernechamber@co.rock.mn.us

PHONE REGISTRATION: 507.283.4061

CANOE & KAYAK RENTAL AGREEMENT RELEASE OF LIABILITY

RIDE THE ROCK WATER TRAIL ADVENTURE

Saturday | June 13, 2026

Participant Release of Liability and Assumption of Risk Agreement

PLEASE READ BEFORE SIGNING

Organization Name: LUYERNE AREA CHAMBER & CVB



Participant's Name: _____

Please Print Only

In consideration of being allowed to participate in any way in the program, related events and activities, I, the undersigned acknowledge, appreciate and agree that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis or death.
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the event organizers and sponsors and assume full responsibility for my participation.
- I willingly agree to comply with the terms and conditions for participation which include wearing of shoes at all times during the trip, lunch and beverages served, wearing of life vest and requirement to listen to the organizers of the trip among others. If I observe any unusually significant hazard during my participation and in my presence, I will safely removed myself from participation and bring the attention of the hazard to the nearest organizer immediately.
- I, for myself and on behalf of my heirs, personal representatives and next of kin hereby release, indemnify and hold harmless Luverne Area Chamber & CVB, its officers, officials, agents, employees, other participants, sponsors, advertisers and owners of property and equipment that we are on and use during the trip from any and all claims, demands, losses and liability arising out of or related to any injury, disability or loss of life that occurs, or loss or damage to person or property, whether arising from the negligence of event planners or otherwise as allowed by law.
- I have read this Release of Liability and Assumption of Risk Agreement. I fully understand its terms. I understand that I have given up substantial rights by signing this agreement and sign it freely and voluntarily without any inducement or coercion.

Participant's Signature

Date

Age

FOR PARENTS OR GUARDIANS OF PARTICIPANT OF MINOR AGE (Under Age 18 At Time of Event)

This is to certify that I, as parent or guardian with legal responsibility for this participant, do consent and agree to this release as provided above, and for myself, my heirs and next of kin, I release and agree to indemnify and hold harmless Luverne Area Chamber & CVB and its partners, agents, employees and officials from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the event planners and operators, as permitted by law.

Signature of Parent or Guardian

Date

Emergency Phone Number