

Launch Time			Single Kayak	Tandem Kayak	Glass Bottom	SUP	Canoe	Shuttle Service	Single on Top	Tandem on Top

## Paddling Adventures

### At Silver Springs State Park

### Canoe and Kayak Rental Agreement

1. Canoe and kayak rentals are at your own risk. Paddling Adventures and the 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,III Personal Flotation Device (PFD) within quick reach in the canoe or kayak. Square cushion ty IV are not acceptable per USCG.
4. Florida law requires that children under 6 years MUST WEAR a Personal Flotation Device.
5. Alcoholic beverages and pets are prohibited other than service animals.
6. No motors of any type may be attached to canoes or kayaks.
7. Renter will be required to reimburse the Cape Leisure Corporation for all damaged or lost equipment.
8. Only U.S Coast Guard approved water craft may be launched in the park (no inner tubes or rafts of any type).
9. All guest (renters and passengers) are reminded that it is illegal to feed or harass any wildlife.
10. Please remember to collect all your trash and deposit it in an appropriate receptacle at the end of your paddle.

Swimming is NOT permitted within the boundaries of Silver Springs State Park.

Silver Springs Glass Bottom Boats have the right of way at all times.

Do NOT approach, feed, and/or harass the wildlife.

*The risk of injury from all activities, including boat rental and shuttle service, involved in this program can be significant, including the potential injury, property damage, or wrongful death resulting from any cause. I also understand and with the canoe and kayak rental rules and regulations as stated above. I hereby release Cape Leisure Corporation and the State of Florida, Department of Environmental Protection, Florida Board of Trustees from liability for personal injury, property damage, or wrongful death.*

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
DL or ID

\_\_\_\_\_  
Vehicle Description

\_\_\_\_\_  
**Contact Phone #**

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
**Emergency Contact Phone #**

