

BY VOLUNTARILY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF INJURY OR DEATH RESULTS DURING MY PARTICIPATION IN THIS ACTIVITY, I FOREVER WAIVE MY RIGHT TO ASSERT A LAWSUIT OR MAKE ANY CLAIM FOR DAMAGES AGAINST WAO, ITS OWNERS OR EMPLOYEES. I UNDERSTAND I AM ASSUMING ALL RISKS – KNOWN AND UNKNOWN – ASSOCIATED WITH MY PARTICIPATION.

IN CONSIDERATION OF PARTICIPANTS UNDER THE AGE OF 18 BEING ALLOWED BY WAO TO PARTICIPATE IN THIS ACTIVITY AND USE OF THE EQUIPMENT, VEHICLES AND FACILITIES, I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS WAO FROM ANY AND ALL CLAIMS WHICH ARE BROUGHT BY, OR ON THE BEHALF OF MINORS, AND WHICH ARE IN ANY WAY CONNECTED WITH SUCH USE OR PARTICIPATION BY MINOR.

Guest Name:

Address:

City: State: Zip:

Email Address:

Phone:

Date of Birth:

Minor:

Date of Birth:

Minor:

Date of Birth:

Who to Contact in Case of Emergency:

Name:

Phone:

I have previous whitewater rafting experience: Yes () No ()

Do you have any medical conditions, including allergies or pregnancy, of which we should be aware?

Yes () No () If yes, explain _____

I HAVE HAD SUFFICIENT TIME TO READ THIS ENTIRE DOCUMENT.

In addition, WAO, or anyone authorized by WAO, has my permission to use any photographic or digital image taken during the course of this activity for promotional, or any, purpose.

Participants Signature: _____ Date: _____