WAIVER

ASSUMPTION OF RISK AND COVENANT NOT TO SUE

As a condition for participation in an **ADVENTURE SPORTS RAFTING CO. INC.** river tour, I certify that I am in good physical and mental health. I'm aware that a river tour is influenced by conditions and forces of nature and that said tour has risks and dangers including but not limited to drowning, exposure, slippery rocks, broken bones, heart attacks, back injuries, being hit by a paddle, etc. I understand that I'll be instructed by **ADVENTURE SPORTS RAFTING CO., INC.** regarding some, but not all handling techniques, risks and safety precautions that could be encountered. I further agree to obey all rules and regulations of **ADVENTURE SPORTS RAFTING CO., INC.** I assume personal responsibility for all said risks and dangers to my personal safety and for loss or damage to my property – said assumption of risk include all time spent with **ADVENTURE SPORTS RAFTING CO., INC.**, including before and after said raft trip itself.

I release and hold harmless for whatever reason including negligence **ADVENTURE SPORTS RAFTING CO., INC.**, its officers, employees and agents from any action related to these risks and dangers. These terms shall serve as a release and assumption of risk for my heirs, all members of my family and for any minors accompanying me.

Said release shall further assign to **ADVENTURE SPORTS RAFTING CO., INC.**, all rights to use photographs of me taken relative to said raft trip including – but limited to – use in brochures, catalogs, media advertisements, posters, websites and the like.

NAME

ADDRESS APT

CITY STATE ZIP

TODAY'S DATE: MO DAY YR HAVE YOU EVER RAFTED WITH US BEFORE? Y N

SIGNATURE: _____

PARENT/LEGAL GUARDIAN SIGNATURE (if under 18): _____

EMAIL: _____

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