

**ROGUE RIVER RAFT TRIPS, INC.
REGISTRATION FORM AND RELEASE OF LIABILITY**

#1 Participant's Name: _____
Address: _____
City: _____ State: _____ Zip _____
Phone-Home: _____ Work: _____
Age: _____ Sex: _____
Person to Notify in case of Emergency:
Name: _____ Phone: _____
Date of Trip _____ Type of Trip ½ day 1 day
Do you have any medical conditions we should be
aware of?
Yes _____ No _____ Explain _____

#2 Participant's Name: _____
Address: _____
City: _____ State: _____ Zip _____
Phone-Home: _____ Work: _____
Age: _____ Sex: _____
Person to Notify in case of Emergency:
Name: _____ Phone: _____
Date of Trip _____ Type of Trip ½ day, 1 day
Do you have any medical conditions we should be
aware of?
Yes _____ No _____ Explain _____

RELEASE OF LIABILITY - READ BEFORE SIGNING

I hereby acknowledge that I have voluntarily applied to participate in the Rogue River Raft Trips, and its related events and activities. I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program exists, including the potential for mortal or serious injuries and while particular skills, equipment, and personal discipline may reduce this risk, such risk cannot be eliminated; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS ROGUE RIVER RAFT TRIPS, INC., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL CLAIMS including injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligent acts or omissions of the Releasees or otherwise, to the fullest extent permitted by law.
5. I understand that Rogue River Raft Trips, Inc. may take photographs or film records and agree that such photographs or film records may be used for promotional or commercial purposes.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY-ASSUMPTION OF RISK AGREEMENT AND PHOTOGRAPHIC RELEASE. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AM VOLUNTARILY RELEASING CERTAIN LEGAL RIGHTS THAT I OTHERWISE MAY HAVE, AND SIGN IT FREELY AND VOLUNTARILY.

#1 Participant's Signature: _____ Date: _____

#2 Participant's Signature: _____ Date: _____

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

Parent/Guardian's Signature

Print Name

Date Signed