

River Dancers Participant's Risk Agreement

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Please complete one form for each trip participant and send to us before your trip date.

Welcome to a River Dancers river trip. We, River Dancers, its owners, agents, employees, other participants, and all other persons or entities acting in any capacity on its behalf (hereinafter referred to as "River Dancers"), see your safety first and enjoyment as paramount goals. For nearly 20 years we have been successful and have offered a most reasonable effort to protect you, your children and your belongings. In consideration of the services of River Dancers, I agree that the sport of whitewater rafting and kayaking has inherent risks, which are too numerous to enumerate fully and further acknowledge that River Dancers has a challenging and some- times difficult job to perform. We are not infallible. Instructors and guides may not be aware of a participant's fitness or abilities. They may misjudge the weather, the elements or the terrain, we may not give sufficient warnings or instructions, and the equipment being used may malfunction.

1. I acknowledge these risks which include but are not limited to: 1) weather conditions that may change quickly, including wind, lightning, fog and excessive heat and sun; 2) hypothermia (being too cold) and hyperthermia (being too hot); 3) improper first aid, emergency treatment or other attempted rescue services, and the unavailability of life saving services or immediate medical attention in the case of injury; 4) my own physical condition and my own acts or omissions; 5) the consumption of tainted food or drink during the trip, including exposure to polluted or contaminated water; 6) my own and other participants' attempts to exceed his/hers skills and/or behave in a reckless manner; 7) my own failure or that of other participants to follow the safety maintenance of River Dancers' facilities and equipment; 8) manufacturing or other defects, both apparent and latent, in the equipment supplied or used by River Dancers; 9) vehicular or pedestrian accident while being transported or walking to or from River Dancers' staging area; 10) error or negligence on the part of River Dancers and its instructors, guides, other participants and employees, including insufficient instruction or assistance; and 11) loss of control of raft or kayak, collisions with people or things.

It is understood that this form extends to all the enumerated risks as well as those that might be expected, even though unanticipated in connection with the sport of whitewater rafting and kayaking, including exposures from swimming, hiking, insects, plants, wildlife, camping etc. any of which could cause injury, loss or even death.

2. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks and hereby acknowledge, and expressly agree and promise to accept and assume all risks existing in this activity and making this binding upon any person I am responsible for, my heirs, and anyone claiming on me..

3. I understand that it is in my interest to have insurance to cover injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself or anyone I am responsible for. I certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

4. I acknowledge outdoor activities, including instruction, entail known and inherent risks, as well as unknown/unanticipated risks which could result in serious physical or emotional injury, paralysis, death, drowning or damage to myself, third parties and my own or others' property. I understand such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Date.....River.....Printed name.....

if under 18, signature

Signature..... of parent or legal guardian.....

Mailing address.....State.....Zip.....

Telephone.....cell.....email.....

Medical conditions or food allergies.....

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