

Guest Information & Participant Agreement

ROGUE
RIVER
JOURNEYS

P.O. Box 91
Bayside, CA 95524
1-866-213-7754
RogueRafting@aol.com

To help us plan for your trip, please fill out this form and the Participant Agreement on the other side and return it to our office well before your trip. This information is needed for each member of your party.

Trip Date: _____ River: _____

PERSONAL INFORMATION

Your Name: _____

Birth Date: _____

Ht: _____ Wt: _____ (For Wetsuit & lifevest sizing)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

eMail: _____

Will you, or someone in your party, be celebrating a special occasion on the trip? _____

Do you have any medical or physical conditions that could affect your safety or health on the trip? _____

In case of emergency, contact: _____

Phone: _____

Are you allergic to bee stings? _____

Certain foods? _____

Do you have any dietary concerns or restrictions? _____

TRAVEL INFORMATION

Please provide the following travel information:

Airport: _____ Arrival Date & Time: _____

Airline: _____

Where are you staying the evening before your river trip? _____

Where are you staying the evening the river trip ends? _____

When is your departure?

Airport: _____ Date and Time: _____

Please be sure to sign the Participant Agreement on the other side.

Please complete the information on the other side.

RELEASE OF LIABILITY — PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Idaho & Oregon River Journeys, LLC trip, its related events and activities, I, the undersigned acknowledge and agree that:

1. The risks from the activities involved in this trip are significant. These risks include, but are not limited to loss of or damage to personal property (including personal vehicles and their contents parked or shuttled while on the trip), injury or fatality due to capsizing or collision of boat, injury or fatality while riding in a bus or shuttle vehicle, air loss from boats, falling out of a boat, collision with a vehicle, vessel, rock, log or tree, immersion in water and hypothermia, falling while aboard a vessel or on shore, ankle or knee injury from use of footcups, accident or illness in remote places without medical facilities or personnel, water damage to personal property, encounters with animals and wildlife and exposure to temperature extremes or inclement weather.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, TO THE FULLEST EXTENT PERMITTED BY LAW. I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION IN THIS TRIP.
3. I understand that should emergency rescue, medical services or evacuation become necessary, the expenses are my responsibility and not that of Idaho and Oregon River Journeys, LLC.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Idaho & Oregon River Journeys, LLC their officers, partners, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity ("Releasees") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I acknowledge that Rogue River Journeys may modify any trip due to unexpected conditions, including adverse weather, log jams, debris flows, forest fires, travel restrictions that limit access to the river, or other circumstances beyond their control. In the event of a cancellation, or modification of a trip, Rogue River Journeys is not responsible for any resulting expenses incurred by guests.

I hereby agree that Idaho & Oregon River Journeys, LLC may use film or photographic records of this trip for its promotional purposes.

The Venue of any dispute that may arise out of this agreement or otherwise between the parties to which Idaho & Oregon River Journeys, LLC or its agents is a party shall be either the City of Salmon, Lemhi County, Idaho, the District Court of Lemhi County, Idaho or the Idaho State Supreme Court.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

PARTICIPANT ACKNOWLEDGMENT

Print Name: _____

Date: _____

Signature: _____

**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 Releasees, and, for myself, my heirs, assigns, and next of kin, 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.

Minor's Name
(Please print): _____

Parent/Guardian
Name (Please print): _____

Parent/Guardian
Signature: _____

Emergency Phone Number: _____

Date: _____