



NORTH AMERICAN RIVER RUNNERS, INC.

SINCE 1975

800-950-2585 ~ www.NARR.com



NORTH AMERICAN RIVER RUNNERS, INC.

P.O. Box 81, Hico, WV 25854

READ CAREFULLY

TEAMS CHALLENGE COURSE • HIGH ROPES COURSE • MOBILE INITIATIVES

ASSUMPTION OF RISK, RELEASE OF LIABILITY, and MEDICAL TREATMENT AUTHORIZATION

FOR AN ADULT

I am aware that during the adventure experience, Teams Challenge Course, High Ropes Course, or Mobile Initiatives in which I am voluntarily participating under the arrangements of North American River Runners, Inc. and their agents, employees and associates [hereinafter called "Releasees"], certain substantial risks and dangers exist or may occur, including but not limited to, (1) slipping or falling; (2) bruises, cuts, sprains, fractures or other injuries; (3) latent or apparent defects or conditions in equipment or property supplied by Releasees; and (4) contact with plants or animals. I also understand that adventure experiences can demand strenuous physical exertion which requires me to be in good physical health. I agree to disclose to North American River Runners, Inc. and my activity facilitator any physical condition that may limit my participation in the adventure experience.

In consideration of and as part payment for the right to participate in this adventure experience and other activities and services arranged for me by the Releasees, **I UNDERSTAND AND EXPRESSLY ASSUME FOR MYSELF, MY HEIRS, ASSIGNS, LEGAL REPRESENTATIVES, EXECUTORS AND ADMINISTRATORS, ALL OF THE RISKS AND DANGERS WHICH MAY BE ENCOUNTERED PRELIMINARY TO, DURING, AND SUBSEQUENT TO THIS ADVENTURE EXPERIENCE. I FURTHER RELEASE AND AGREE TO INDEMNIFY AND HOLD THE RELEASEES HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, AND CLAIMS OF ANY KIND OR NATURE WHATSOEVER, WHETHER FORESEEN OR UNFORESEEN, ARISING OUT OF MY PARTICIPATION IN THIS ADVENTURE EXPERIENCE AND ASSOCIATED ACTIVITIES ON ACCOUNT OF INJURY OR LOSS TO MY PERSON OR PROPERTY, EVEN INJURY RESULTING IN DEATH, WHETHER CAUSED BY NEGLIGENCE, BREACH OF CONTRACT, OR OTHERWISE, WHICH I MAY EVER HAVE AGAINST THE RELEASEES, THEIR SUCCESSORS, ASSIGNS, OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, OR AGENTS.** In recognition of the risks, which I am assuming by voluntarily participating in these activities, I hereby give North American River Runners, Inc. and their agents and employees permission to treat me and to authorize medical treatment of me in the case of an emergency or accident. **I ALSO EXPRESSLY COVENANT AND AGREE NOT TO SUE NORTH AMERICAN RIVER RUNNERS, INC. OR THEIR AGENTS OR EMPLOYEES FOR ANY INJURY OR DAMAGES OF ANY KIND WHICH MAY OCCUR AS A RESULT OF THIS ADVENTURE EXPERIENCE AND ACTIVITIES ASSOCIATED THEREWITH.**

I understand and agree that this document is intended to be a legally binding contract and is to be interpreted under the laws of the State of West Virginia and that if any portion of this document is held invalid, the remaining provisions shall continue in full legal force and effect. This document contains the entire agreement between myself and the Releasees.

I certify that I am eighteen (18) years of age or older.

I HAVE CAREFULLY READ THIS DOCUMENT, UNDERSTAND ITS CONTENTS AND SIGN IT AS MY OWN FREE ACT. I CAN READ AND UNDERSTAND THE ENGLISH LANGUAGE.

DATE _____

SIGNATURE _____

DATE OF BIRTH ____ / ____ / _____

READ CAREFULLY

PARTICIPANT INFORMATION

Activity Date Number in your party Are you the organizer? Yes No

Activity Time : Group Organizer _____

Type of trip: Teams Challenge Course High Ropes Course Low Ropes Course Mobile Initiatives
 Other _____

Organization _____

Name _____ Home Phone

Street _____ Work Phone

City _____ State _____ Zip _____ - _____ Email _____

Have you visited us before? Yes No If yes, when? _____

Do you wish to receive our e-newsletter? Yes No How did you hear of us? _____

Where did you stay while here? _____

What activities did you enjoy while here? _____

By completion of this form I irrevocably authorize North American River Runners, Inc. to copyright, use and publish for any legal purpose whatsoever, any and all photographs of me which may be taken during this experience without further compensation to me. It is my responsibility to inform the outfitter of any special needs or limitations, including prohibiting photography. All such photographs shall be solely the property of the above-named whitewater outfitter.

EMERGENCY MEDICAL INFORMATION

YES NO IF YES, PLEASE EXPLAIN ON THE LINES FOLLOWING EACH QUESTION.

Allergies to foods, medications, insect bites, etc. (list allergy and nature of each reaction).

Physical disabilities or conditions which might limit your participation (describe).

Currently taking medications (list medication and condition it treats).

IN CASE OF EMERGENCY CONTACT:

1) Name _____ Home Phone
Relationship _____ Work Phone

2) Name _____ Home Phone
Relationship _____ Work Phone