

Columbia, CA 95310 (209) 532-6249

PASSENGER REGISTRATION

Please print the information requested below and bring with you to the river. One form per participant is required. Please print clearly.

TRIP/RIVER: Merced TRIP DATE:	RESERVATION	N NAME:	
NAME:	EMAIL:		
STREET:	CITY:	STATE:ZIP:	
CELL PHONE: ()	HOME PHONE: ()		
AGE: WEIGHT: HEIGHT:_	MALE or F	FEMALE (Circle one)	
If a minor is listed, please provide the relationship	o of the person signing this d	ocument to the minor.	
In case of emergency, please notify:	Nar	ne	
Address		Phone	
Can you swim? Previous Rafting	g Trips?		
Medical Information			
Please describe your general health:			
Do you have any physical handicap which might	affect your safety or health o	n the trip? ☐ Yes ☐ No	
If yes, please explain			
Allergies: to bee stings?	to certain food?	other ?	
Dietary restrictions?			
Any other helpful medical information?			
Do you carry any medical insurance? ☐ Yes	□ No		
If so, Insurance Company or Provider			

PAGE 1 OF 2. PLEASE FILL OUT BOTH SIDES AND BRING WITH YOU TO THE RIVER

ZEPHYR RIVER EXPEDITIONS, INC RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

This is a release. Read it carefully and sign below. This release essentially says that I know I am going on a whitewater rafting trip. If I die, get hurt, or damage my belongings, I will not make a claim, sue, or expect ZEPHYR RIVER EXPEDITIONS, INC., (hereafter referred to as ZEPHYR), its owners, operators, agents, employees, and associates to be legally responsible or pay for any damages.

- 1. I, the undersigned, hereby acknowledge that I have voluntarily chosen to go on this whitewater rafting trip with ZEPHYR. I know and fully understand that a whitewater rafting trip, whether on a raft, an oar boat, a kayak, or any other type of vessel, is an outdoor adventure activity with inherent risks and hazards where serious accidents can occur, participants can die, sustain injuries, and property damage. I acknowledge and willingly assume all risks and hazards in whitewater rafting and river related camping, including but not limited to, loss of control of the raft, collision with other participants, rocks, trees, and any portion of the interior of the raft, other rafts, and any other manmade or natural obstacles, whether they are obvious or not; submersion in water, drowning, encounters with animals, wildlife and insects, exposure to extreme temperatures and inclement weather, wilderness terrain and unavailability of immediate medical attention in case of injury.
- 2. I further understand and acknowledge that ZEPHYR, provides foot cups in some of its boats to assist participants in stabilizing themselves. Although foot cups assist participants from falling out of a boat, the use of foot cups may present an increased risk of knee, ankle, or other injuries because of their restrictive nature. Use of foot cups is totally voluntary.
- 3. COVID-19: I understand that in participating in a raft trip with ZEPHYR, I may be exposed to persons knowingly or unknowingly infected with COVID-19 or other viruses. Nevertheless, and despite that risk, I freely elect to participate. In the event that I contract COVID-19 afterwards, I will not seek damages from ZEPHYR. My participation in this activity is purely voluntary and I elect to do so at my own risk.
- 4. In consideration for ZEPHYR allowing me to participate on this trip, I voluntarily agree to release, discharge, and hold harmless ZEPHYR, and their owners, officers, agents, and employees for any and all claims of liability arising out of their negligence, recklessness, strict liability, breach of contract, or any other act or omission which causes the undersigned illness, injury, death, and damages of any nature in any way connected with my participation in this activity. I also expressly agree to release and discharge ZEPHYR, their owners, officers, agents, and employees from any act or omission of negligence in rendering or failing to render any type of emergency or medical services. In signing this document, I fully recognize and understand that if I (or any minor on whose behalf I am signing this release) am hurt, die, or my property is damaged, I am giving up my right to make a claim or file a lawsuit against ZEPHYR, and all other parties and affiliates named herein even if they negligently or by some other act or omission cause the injury or damage.
- 5. As parent or legal guardian of a participant under 18 years of age, I have read and voluntarily agree that said minor may participate in this whitewater rafting trip, and I sign this release on their behalf. In addition, I give ZEPHYR, its agents, employees, and associates permission to treat said minor in case of illness, injury, emergency or accident. Should emergency medical services become necessary, for the undersigned participant or minor, the expenses are the sole responsibility of the participant and not that of ZEPHYR. Personal medical and travel insurance is strongly advised.
- 6. ZEPHYR reserves the right to accept or deny service to any person. I hereby agree to follow all rules, regulations, and instructions of ZEPHYR, while on this trip. I also certify that I and any minor on whose behalf I am signing, are physically and mentally capable of participating in these activities. I hereby agree that ZEPHYR may use film or photographic records of this rafting trip for its promotional and/or commercial purpose.
- 7. The venue of any dispute that may arise out of this agreement or otherwise between the parties to which ZEPHYR, or its agents is a party shall be the Municipal Court or the County or State Superior Court in Tuolumne County.

I have read this document. I understand that it is a release of all claims. I understand that I am assuming all the risks inherent in whitewater rafting. I voluntarily sign my name as evidence of my acceptance of the above provisions.

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Please Print Clearly:				
Signature of Participant:	Print Name:	Date:		
PARENTS OR GUARDIANS ADDITIONAL IND addition to the above signature, name and d		articipants under the age of 18 in		
In consideration of				
Signature of Parent or Guardian:	Print Name:			
Date:	_			