

PASSENGER REGISTRATION

One form per participant is required. Please print clearly.

1	Personal Information
	River: <u>Merced</u> Trip Date: _____ Reservation Name: _____
	Name: _____ Age: _____ Weight: _____ Height: _____

2	Contact Information OR Same Information As: _____
	Email: _____
	Phone: (_____) _____
	Street: _____
	City: _____ State/Country: _____ Zip: _____
In case of emergency, please notify (Name, Phone, Address): _____ _____	

3	Experience/Medical Info
	Can you swim? _____ Previous rafting trips? _____
	Please describe your general health: _____
	Do you have any physical or medical conditions or limitations which might affect your safety or health on the trip? _____
	Allergies: Bee stings? _____ Food? _____ Other ? _____
	Dietary restrictions: _____
	Any other helpful medical information? _____
Do you carry any medical insurance? Yes No	

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.

Please Print Clearly:

Signature of Participant: _____ **Print Name:** _____ **Date:** _____

PARENTS OR GUARDIANS ADDITIONAL INDEMNIFICATION. (Must be completed for participants under the age of 18 in addition to the above signature, name and date.)

In consideration of _____ **(print minor's name)** ("Minor") being permitted by ZEPHYR to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ZEPHYR and Agencies from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature of Parent or Guardian: _____ **Print Name:** _____

Date: _____

PLEASE RETURN THIS COMPLETED FORM TO YOUR CHECK-IN GUIDE BEFORE BOARDING VEHICLE OR RAFT. THANKS