

VISITOR'S ACKNOWLEDGEMENT OF RISK

In consideration of the services of Diamond River their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "Diamond River") I agree as follows:

Although Diamond River has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, Diamond River has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. Diamond River does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

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| 1. Loss of or damage to personal property | 7. Animal or insect bites, stings, etc. |
| 2. Heat-related problems (sunburn, sunstroke, etc.) | 8. Illness: environment, allergic reactions, etc. |
| 3. Cuts, bruises, and infections | 9. Contact with outboard motor, either above or underwater |
| 4. Falls/broken bones | 10. Behavior or actions or other participants or other groups |
| 5. Water-related accidents | 11. Etc. |
| 6. Remote area communication complications (evacuation and/or travel delays) | |

I am aware that white water rafting entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of Diamond River has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

*****PARTICIPATING PASSENGERS ONLY (Please Print)

FULL LEGAL NAME _____ Date of Birth _____ Date _____

Spouse _____ Date of Birth _____

Minor Child _____ Date of Birth _____

Minor Child _____ Date of Birth _____

Minor Child _____ Date of Birth _____

Minor Child _____ Date of Birth _____

Home Address _____

Signature _____ Spouse _____

(Self)

Email Address _____ River Trip Date _____

Signature of NON-PARTICIPATING

Parent/Guardian of child under 18 _____

PLEASE RETURN SIGNED FORM (with your final payment) TO: Diamond River, P.O. Box 1300, Page, AZ 86040

**SIGNED FORM MUST BE IN OUR OFFICE BEFORE
YOU CAN BOARD BOATS**

*****PLEASE COMPLETE EMERGENCY CONTACT AND MEDICAL HISTORY ON REVERSE SIDE*****

CONFIDENTIAL HEALTH QUESTIONNAIRE

We are requesting this information to help Diamond River provide better first aid and emergency medical care, should that be necessary. We consider this information confidential until such time.

MEDICAL HISTORY

Name _____

Medical history/Allergies/Disabilities _____

Condition(s) requiring medication _____

Medications _____

Person to contact in case of emergency _____

(Someone NOT on the river with you)

Contact person's phone number(s) _____

MEDICAL HISTORY

Name _____

Medical history/Allergies/Disabilities _____

Condition(s) requiring medication _____

Medications _____

Person to contact in case of emergency _____

(Someone NOT on the river with you)

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MEDICAL HISTORY

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Medical history/Allergies/Disabilities _____

Condition(s) requiring medication _____

Medications _____

Person to contact in case of emergency _____

(Someone NOT on the river with you)

Contact person's phone number(s) _____

Attach additional sheets if needed.