## ASSUMPTION OF RISK AGREEMENT

## **READ BEFORE SIGNING!**

Organization Name : Wild Flow Tours	LLC			
Participant Name:				
Emergency contact(Name/Phone Number	·):			
ASSUMPTION OF RISK In consideration of being allowed to partiacknowledge, appreciate, and agree that:	cipate in any way in the	program, r	related events and activities, I the undersigned,	
death. These risk can arise during particip	ation, but may also lead nd skill required for the	l to illness, ese activities	ant, including the potential for permanent disability and disability or death as the result of health complications es can be extreme and certain medical conditions (such or death.	S
exhaustion. Severe medical complications	s have been observed in in the event of a medical	rare cases i	ions, contusions, strains, sprains, dehydration and heat including: hypoglycemia, heat stroke, asthma y I GIVE PERMISSION TO PROVIDE MEDICAL INFORMATION FOR MY CARE.	
ORDINARY NEGLIGENCE OF THE RI	ELEASEES or others, a	ssume full i	own and unknown, EVEN IF ARISING FROM THE responsibility for my participation and AGREE NOT 1 ation, but will instead bring any claims to BINDING	ГО
			f I observe any unusual significant hazard during my such to the attention of the nearest official immediatel	ıy.
REIMBURSE, DEFEND, INDEMNIFY, employees, other participants, sponsors, a if applicable, owners and lessors of premi costs, demands, losses, and liability arisin	AND HOLD HARMLE dvertisers, volunteers, i ses used to conduct the g out of or related to an	ESS <u>Wild</u> ndependent event (REI y INJURY,	representatives and next of kin, HEREBY RELEASE, I Flow Tours LLC, its officers, officials, agents and/or at contractors, equipment suppliers, insurance carriers, a LEASEES), from any and all claims, legal fees, court of DISABILITY OR DEATH I may suffer, or loss or GENCE OF THE RELEASEES OR OTHERWISE, to the	and,
6. If any part of this agreement is found to agreement supersedes any and all previou			on the remaining clauses or sections of this agreement.	This
	GIVEN UP SUBSTAN		FRISK AGREEMENT, FULLY UNDERSTAND ITS GHTS BY SIGNING IT, AND SIGN IT FREELY AND	)
X				
Participant's Signature		Age	Date	
X				
Witness Signature		Age	Date	
FOR PARENTS/GUARDIANS OF PAI		OR AGE		
provided above of all the Releasees, and, harmless the Releasees from any and all l	with legal responsibility for myself, my heirs, as iability incidents to my	signs, and r minor child	participant, do consent and agree to his/her release as next of kin, I release and agree to indemnify and hold d's involvement or participation in these programs as RELEASEES, to the fullest extent permitted by law.	
V				
XParent/Guardian Signature	Date		Emergency Phone Number(s)	