

PARTICIPANT RELEASE of LIABILITY & ASSUMPTION of RISK AGREEMENT

Mile Hi Rafting

PAID

READ BEFORE SIGNING

Boots

Participant Name _____

In consideration of being allowed to participate in any way in Whitewater Rafting, related events and activities, traveling to and from activity sites, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from activities involved in Whitewater Rafting is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY and FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN if ARISING FROM the NEGLIGENCE of MHR or others, and assume FULL responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I

Observe any unusual significant hazard during my presence or participation I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, and HOLD HARMLESS Hails and Costello LTD, **MILE HI RAFTING**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and owners of premises, the premises used to conduct Whitewater Rafting, and the cities of Idaho Springs, Golden, Salida, Canon City, Buena Vista, and Clear Creek County from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY, or DEATH that I may suffer, or loss or damage to person or property, WHETHER ARISING FROM the NEGLIGENCE of MHR or OTHERWISE, agree to indemnify, defend, and hold Harmless the Released parties from damage and against any liability or damage of any kind.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Participant _____ Date _____

Print Name: _____ **Phone:** _____

Address _____ Apt # _____

City _____ State _____ ZipCode _____

Date of Birth _____ **AGE** _____

Emergency Phone Number _____

Do you have any medical conditions we should be aware of? NO _____ Yes _____

Minor Acknowledgement

By Signing this agreement without a parent or legal guardian's signature, Participant, under penalty of fraud, represents that he/she is at least 18 years of age. If signing as the parent or legal guardian of a minor Participant, signing adults represent that they are a legal parent or guardian of the minor Participant.

Parent/Guardian Signature _____ Date _____

Please tell us how you heard about us _____