

Whitewater Rafting Participant Waiver

Participant Information

Full Name

Date of Birth

Address

Phone

Email

Assumption of Risk

I acknowledge that whitewater rafting and related outdoor activities involve inherent risks, including but not limited to the risk of serious injury or death. These risks may result from the forces of nature, the unpredictable behavior of the river, equipment failure, or negligence of others.

Release of Liability

I hereby release, discharge, and hold harmless [Company/Operator Name], its officers, employees, agents, and volunteers from any and all claims, liabilities, demands, or causes of action that may arise from participation in this activity.

Participant Acknowledgement

- I certify that I am physically fit to participate in rafting activities.
- I agree to follow all safety instructions given by guides and staff.
- I agree to wear a personal flotation device at all times while on the water.
- I consent to emergency medical treatment if deemed necessary.

☐ I have read and understood the above waiver, and I agree to its terms.

Participant Signature

Date

If under 18, Parent/Guardian Consent

Parent/Guardian Name

Contact Number

Parent/Guardian Signature

Date