

# White Water Rafting Waiver Form

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

## Emergency Contact

Full Name

Phone Number

Relationship

## Acknowledgement and Assumption of Risk

I acknowledge that white water rafting involves inherent risks, dangers, and hazards which may result in personal injury, illness, or death. I assume all these risks voluntarily.

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I have read and understand the risks involved.

## Medical Information

Medical Conditions or Allergies

Current Medications

## Release of Liability

I hereby release and hold harmless the company, its employees, agents, and affiliates from any and all liability for injuries or damages resulting from participation.

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I have read and agree to the release of liability.

## Signature

Participant Signature

Date

## Parent/Guardian Consent (If under 18)

Parent/Guardian Name

Parent/Guardian Signature

Date