

Reservation Number: _____

KERN RIVER OUTFITTERS

Sequoia National Forest

To help us plan for your trip, please completely fill out this form and your Participant Agreement on the other side. Fax or mail it to our office at least a week before your trip departure date. A separate form is needed for each member of your party.

Trip Date: _____ Kern River Section: _____

PERSONAL INFORMATION:

Your Name: _____ Age: _____ Height*: _____', _____" Weight*: _____
*REQUIRED

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell Phone: _____

E-mail: _____

Do you have any medical or physical conditions that could affect your safety or health on this trip? Yes No

If yes, please describe here: _____

Can you swim? Yes No

In case of emergency, contact: _____ Phone: _____

Are you allergic to bee stings, certain foods, or medications? _____

Do you have any other dietary restrictions? _____

Because river trips involved risks, we recommend that you supplement your own insurance policies with vacation insurance.
Cancellations made within 30 days of a trip departure date are non-refundable.

Please be sure to sign the Participant Agreement on the other side.

**PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS, and INDEMNITY AGREEMENT**
O.A. Outfitting, Inc., d/b/a Kern River Outfitters

In consideration of the services of O.A. Outfitting, Inc., d/b/a Kern River Outfitters and Outdoor Adventures, their agents, owners, stockholders, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "O.A."), I, the undersigned, acknowledge and agree that:

The risks from the activities involved in this trip are significant. These risks include, but are not limited to, loss of or damage to personal property (including personal vehicles and their contents parked or shuttled while on the trip), injury or fatality due to capsize or collision of boat, injury or fatality while riding in a bus or shuttle vehicle, air loss from boats, falling out of a boat, collision with a vehicle, vessel, rock, log or tree, immersion in water and hypothermia, falling while aboard a vessel or on shore, ankle or knee injury from use

of footcups, errors in food or water storage or preparation, accident or illness in remote places without medical facilities or personnel, water damage to personal property, encounters with animals, insects and wildlife and exposure to temperature extremes or inclement weather. I also understand and acknowledge that failing to use or properly use safety type equipment such as personal flotation devices or helmets increases my risk of injury or of not surviving an accident or incident while rafting.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF O.A. OR OTHERS, TO THE FULLEST EXTENT PERMITTED BY LAW. I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION IN THIS TRIP. Furthermore, should emergency rescue, medical services or evacuation become necessary, the expenses are my responsibility and not that of O.A.

I, for myself and on behalf of my parents, my heirs, assigns, personal representatives and estate HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS O.A. Outfitting, Inc., their agents, owners, stockholders, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF O.A. OR OTHERWISE, to the fullest extent permitted by law. I also here by agree that O.A. Outfitting, Inc. may use film or photographic records of this trip for its promotional purposes. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily. The venue of any dispute that may arise out of this agreement or otherwise between parties, to which O.A. Outfitting, Inc., or its agents is a party, shall be Humboldt County, California.

Print Name

Signature

Date

For Parents/Guardians of Participants of Minority Age

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

Minor's Name (Please Print): _____

Parent/Guardian's Name (Please Print): _____

Parent/Guardian's Signature: _____ Date: _____