

**WILD RIVER ADVENTURES, INC.  
PO BOX 272, West Glacier MT 59936**

**VISITORS ACKNOWLEDGMENT OF RISK AGREEMENT-  
To be completed by every participant 18 years of age and older.**

In consideration of the services of Wild River Adventures, Inc., its owners, members, officers, directors, agents, employees, volunteers, and all other persons or entities in any capacity on its behalf (hereinafter referred to as "Wild River"), I hereby agree as follows:

I recognize that there is an element of risk in any adventure, sport, or activity associated with the outdoors. I am fully aware of the risks and dangers inherent in river trips in a high mountain environment ("activity") and have been informed of known special hazards in such activity. I have read and understand fully these risks, hazards and dangers including those listed on this Acknowledgment of Risk. I certify that I am fully capable of participating in this activity, and (if applicable) I certify that my family and minor children are also fully capable of such participation.

I acknowledge that I am required to wear a lifejacket at all times during an activity. Instruction as to the proper use of the lifejacket is available from the guides. I am aware that the physical exertion required of river rafting and the forces exerted on the body can activate or aggravate pre-existing physical injuries, conditions, symptoms or congenital defects. I have been advised to seek medical advice if I know or suspect that my physical condition may be incompatible with river rafting. I understand that the consumption of alcoholic beverages is not permitted while traveling by watercraft.

Therefore, to the extent allowed by applicable law, I acknowledge and assume all risk of personal injury and bodily injury to myself and my minor children and/or minor children in my care, custody and control and for loss or damage to my or their personal property and any related damages or expenses as a result of our participation in the activity. I further understand that Wild River reserves the right to refuse service to any person. Any legal claims that may arise from participation in the activity shall be resolved under Montana law, and only in the courts of Montana.

**NOTICE OF RISKS OF ACTIVITIES**

Each participant in a Wild River activity understands and acknowledges that certain risks are integral or inherent to the recreational activity, that staff are available to answer any questions about such risks, and that such risks may cause loss or damage to personal property, illness, accidental personal injury or in some cases, permanent trauma or death. By way of example, I understand that the following describes some, but not all of these risks:

1. Risk of hypothermia or drowning, heart failure, and trauma caused by hot sun or cold water, including being wet or cold, and uncomfortable.
2. Risks related to getting to, in or out of river rafts or boats caused by slippery, uneven or unstable ground or vessel surfaces.
3. Risks of head and other bodily injury from being thrown about by the forces of water, inside or out of the raft or boat involving rocks or trees or into dangerous rocks or cold water, gear, cargo, rigging, or other people.
4. Risks of exposure to sunburn, insect bites and stings or other wildlife or animal encounters.
5. Vehicular or pedestrian accidents while being transported or walking to or from Wild River's staging areas.
6. The consumption of tainted food or drink during the trip, including exposure to polluted or contaminated water.
7. My own and the other participants' attempts to exceed outdoor skills and/or act in a reckless manner.
8. Water which may be fast, deep, cold, and subject to rapid change.
9. The watercraft may overturn, swamp and sink and occupants may become entrapped in or under rocks and other objects.
10. Such other risks, hazards and dangers that are integral to high mountain river activities in a wilderness environment.

I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. My participation in this activity and my signature on this document are purely voluntary, no one is forcing me to participate or sign and I elect to participate and sign in spite of the risks. I understand and agree that if any portion of this document is found invalid by an appropriate authority, the remainder will remain in full force and effect.

I further understand and acknowledge that as a participant I must act in a reasonably prudent manner while participating in this activity and, prior to embarking on any self-initiated activity, I must inform and receive the permission of the outfitter or guide of my plans and/or intentions.

## Photo Release

I understand that Wild River reserves the right to take photographic, digital, video, or film records of any river trip, and I hereby agree that Wild River may use such photographic, digital, video or film records for promotion and/or commercial purposes.

## Notification of Medical Condition Agreement

Over our company's history, many participants with a variety of medical and physical challenges have successfully participated in our trips; however it is in both party's best interest that we be made aware of these conditions. Failure to disclose such information could result in serious harm to yourself and your fellow participants. All information will remain strictly confidential.

I agree to disclose all relevant medical or physical conditions. Consistent with this agreement, I hereby disclose that I have (or have had) the following medical or physical conditions, which may impact or affect my participation in this trip. (Check all applicable):

Cardiovascular Problems (high blood pressure, heart attack, by-pass or other coronary surgery)

Orthopedic Injuries (check applicable item)

<input type="checkbox"/> Neck	<input type="checkbox"/> Wrist/Hand
<input type="checkbox"/> Upper/lower Back	<input type="checkbox"/> Hip/Knee
<input type="checkbox"/> Shoulder/Elbow/Arms	<input type="checkbox"/> Ankle/Foot

Allergies – specify to what \_\_\_\_\_

Asthma

Diabetes

Seizure Disorder

Pregnancy

Other – explain: \_\_\_\_\_

**Check here if NONE of the above**

**I have read the acknowledgement of risk agreement as well as the notification of medical conditions agreement. I fully understand and accept the terms and conditions stated herein and acknowledge that these agreements shall be effective and binding, to the fullest extent permitted by law, upon myself, my heirs, assigns, personal representative and estate, and for all members of my family, including any minors accompanying me. I sign this document, freely and voluntarily without any inducement.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Minors: \_\_\_\_\_ Age: \_\_\_\_\_, \_\_\_\_\_ Age: \_\_\_\_\_, \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_