



Reservation Name _____
ONE PER PARTY OR HOUSEHOLD

Date _____
Trip _____

EXPRESS ASSUMPTION OF RISK AGREEMENT AND PHOTO RELEASE

BLUE SKY ADVENTURES, INC. has an excellent safety record and every responsible effort is made to safeguard you and your belongings. In order to fairly and honestly inform you of the service we provide, you should know and appreciate that during the tour you are participating in, certain specific risks and dangers exist which are inherent in river running. These risks include, but are not limited to, loss of or damage to personal property, injury or fatality due to the capsizing of the raft or other vessel, collision with a vehicle, boat, rock, log or tree, immersion in water and hypothermia, falling while aboard a vessel or on shore, illness due to water-borne germs and bacteria, accident or illness in remote places without medical facilities, water damage due to leaking bags or other containers, and exposure to temperature extremes or inclement weather.

In consideration of, and as part payment for, the right to participate in such trips or activities and the services and food arranged for me by BLUE SKY ADVENTURES, INC. and its agents or associates, I have and hereby assume all of the above risks and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever which I have or which may arise out of or in connection with my trip arranged for me by BLUE SKY ADVENTURE, INC. and its agents or associates. The terms shall serve as a release and express assumption of risk for me, my heirs, executors and administrators and for all members of my family, including any minors accompanying me.

I also do hereby grant permission to BLUE SKY ADVENTURES, INC., their designated photographers, associates and agents to use any photographs taken of me during my raft tour in any way they deem appropriate.

DO YOU OR ANY MEMBERS OF YOUR PARTY HAVE ANY MEDICAL CONDITION(S) THAT WE SHOULD BE AWARE OF? ___ YES ___ NO IF YES, PLEASE EXPLAIN _____

Waived Recommendation to NOT participate. _____
(Print Name) (Signature) (Staff IN)

I HAVE CAREFULLY READ THIS RELEASE AGREEMENT, FULLY UNDERSTAND ITS CONTENTS AND AM AWARE THAT IT IS A RELEASE OF LIABILITY AND A BINDING AGREEMENT BETWEEN MYSELF AND BLUE SKY ADVENTURES, INC. I FURTHER AGREE TO ALL FINANCIAL RESPONSIBILITIES LISTED BELOW.

Name: _____ Signature: _____

Address: _____ Phone: _____
(street) (city) (state) (zip)

Name & Signature of Additional Party Members: (include age of minors under 18 years of age)

name	signature	name	signature
name	signature	name	signature
name	signature	name	signature
name	signature	name	signature
name	signature	name	signature
name	signature	name	signature
name	signature	name	signature

OFFICE USE ONLY		RAFTING	
		NUMBER IN PARTY _____	
		___ ADULTS @ _____ = _____	___ WETSUITS @ _____ = _____
		___ YOUTH @ _____ = _____	___ BOOTIES @ _____ = _____
PAYMENT		KAYAKS	
___ VISA/MC		___ ADULTS @ _____ = _____	MERCHANDISE=_____
___ CASH		___ YOUTH @ _____ = _____	Merch. Tax=_____
___ CHECK			
Voucher # _____		Subtotal= _____	TOTAL= _____
Hotel _____		Rafting Tax= _____	