

PARTICIPANT'S ACKNOWLEDGEMENT OF RISKS

WARNING: There are significant elements of risk in any adventure, sport or activity associated with the outdoors and/ or wilderness and the use or presence of watercraft, including but not limited to kayaks, rafts, oar boats (referred to herein as “activities”), and the use of any related equipment.

Although Copper River Guides LLC has taken reasonable steps to provide you with appropriate equipment and/or skilled guides so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to your equipment, or accidental injury, illness or in extreme cases, permanent trauma, or death.

Though risk always exists, we reduce it by having skilled, experienced, and certified guides, well-maintained gear, and proper safety equipment. We supply you with Coast Guard approved personal flotation devices (PFDs/lifejackets) that must be always worn on the river. Your guides will instruct you on how to keep your lifejackets snug and provide guidance on what happens if you inadvertently end up in the water or experience a raft flip. Our guides will provide instruction and guidance while on the rafts, as well as describe your roles while in the raft and going through rapids. Although our guides have considerable experience, water mishaps can happen on any rafting adventure. Unplanned swims from falling out of the raft happen. There is the occasional flipping of the rafts. Most injuries are due to improper hand holds and bracing while going through the rapids, and bumps, bruises, cuts, and scrapes from the jostling in the raft occur. Fortunately, most unplanned swims are uneventful (though adrenaline-filled) and often result in exciting memories and stories! Your involvement is important in moderating risk too! We do not want to frighten you or reduce your enthusiasm for the activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks:

- Changing water flow
- Collision, with other participants, any portion of the interior of the craft, other watercraft, manmade or natural objects, including overhanging, submerged and/or semi submerged trees, branches, rocks, and boulders
- Cold weather and heat related injuries and illnesses including frostbite, heat exhaustion, sunstroke, and dehydration: Inclement weather, lightning, variances and extremes of wind, weather, and temperature encounter with or attack by insects, reptiles, and animals
- My sense of balance, physical coordination, ability to swim, walk and/or follow instructions: Loss of control of the craft, collision, capsizing, and sinking of the craft, which can result in wetness, injury, exposure to the elements, hypothermia and/or drowning
- Getting in or out of the craft
- Travel, including hiking, portaging, and travel to or from the activity
- The presence of wildlife
- Accidents or illnesses occurring in remote places where there are no available medical facilities. Fatigue, chill and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.

*I am aware that this activity entails risks of injury or death to myself. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness, or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My participation in this activity is purely voluntary. No one is forcing me to participate. And I elect to participate despite the risk.

*I possess at least the following qualifications, which I understand are prerequisites to participate in this activity:

A, I am (we are) physically and mentally capable of participating in the activity and/or using the equipment.

B, I am (we are) safety conscious and acknowledge that wearing a U.S. Coast Guard approved personal flotation device (“PFD”) while in or upon the watercraft is a basic safety precaution and is required. I/we will consider wearing a helmet when running rapids equivalent to or greater than the AWA Class IV.

*I certify that I am (we are) fully capable of participating in these activities. Therefore, I assume full responsibility for myself, including any minor children, for which I am responsible, for bodily injury, accidents, illnesses, death, loss of personal property, and expenses thereof because of those inherent risks and dangers.

*I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release Copper River Guides LLC. and its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releases”), with respect to all injury, disability, death, or loss, or damage to persons or property incident to my involvement or participation in these activities, whether arising from negligence of the releasees or otherwise, to the fullest extent permitted by law.

*I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above Releases from all liability’s incident to my involvement or participation in these activities, even if arising from their negligence to the fullest extent permitted by law.

*I release claim to and allow the use of any photographic or video material of myself taken by Copper River Guides LLC. for the purpose of marketing their activities.

***I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be binding upon myself, my heirs, assigns, personal representative and estate, and for all members of my family including any minors accompanying me.**

Participant’s Name: (printed)_____

Signature: _____ Date: _____

Phone: _____ Email: _____

List known allergies to plants, insects, or medications: _____

Describe if currently under a doctor’s care or taking prescribed medications _____

Emergency Contact: _____ Phone: _____

****If Participant is under 18, the Parent or Legal Guardian must also sign:**

Signature: _____