



**Tkgt u'Gf i g'Qwf qqt 'Gzewt ukapu  
Rct vlek cpv)u'T ggcug'cpf 'Y ckgt 'qhNkcdkks\ . 'Cuwo r vkp''  
qh'T km'cpf 'Kpf go pl\ 'Ci t ggo gpv**

The Trip \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

In consideration of being permitted to participate in the \_\_\_\_\_ Trip (Rivers Edge Outdoor Excursions ) on \_\_\_\_/\_\_\_\_--\_\_\_\_/\_\_\_\_. I, \_\_\_\_\_ (Print Name) \_\_\_\_\_ hereby voluntarily agree to release, waive, and agree not to sue Rivers Edge Outdoor Excursions LLC, its officers, employees, agents, volunteers, or co-sponsors of the program, for any and all claims, damages, costs, attorney's fees, or causes of action which I have or may have in the future, as a result of damages or injuries relating to the participation or travel to and from the activity, arising out of or incident to any negligent act or omission by Rivers Edge Outdoor Excursions, its officers, employees, agents, volunteers, or co-sponsors of the Program. I knowingly and voluntarily give up valuable legal rights, including the right to sue.

I understand and agree that there exist risks of harm associated with participating in the Program which may give rise to bodily injury and/or property damage. These risks include, but are not limited to, equipment failure, those hazards associated with strenuous activity, the unavailability of adequate medical care, exposure and emergencies related to heat or cold weather, personal injury including serious physical and/or mental trauma or death, exhaustion, dehydration, broken bones, concussion, torn appendages, dislocations, bruises, cuts, infections, and any other injuries that may result , along with all cost associated with such injury's and/or services provided by emergency services/medical personal. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at this time. I understand that this trip may consist of transportation by motor vehicle and mild to strenuous hiking with gear. I understand and agree that included within the scope of this waiver and release is any cause of action, arising from the performance of or the failure to perform maintenance, inspection, supervision or control of the Program, or the failure to warn of existing dangerous conditions not known to or reasonably discovered by Rivers Edge Outdoor Excursions. including all acts of negligence of Rivers Edge Outdoor Excursions. **I knowingly and voluntarily assume full responsibility for these risks arising out of or related to my/or my minors participation in the The Trip.**

PUBLICITY RELEASE: By participating in or attending any activity in connection with this Trip or program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of my self or provided by me for publicity, promotion, websites or any other use directly related to Rivers Edge Outdoor Excursions LLC I expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.

I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN Rivers Edge Outdoor Excursions AND MYSELF. I HAVE VOLUNTARILY CHOSEN THE ACTIVITIES IN WHICH I AND/OR MY MINOR CHILD IS PARTICIPATING.

Cell Phone #: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

You must complete and attach the appropriate medical form (see medical forms)for each participant. All information is kept confidential and is only provided to our guides for that adventure.

Please Check One of the Following:

- I have medical and accident insurance with: \_\_\_\_\_
- o Policy # \_\_\_\_\_

- I have no medical or accident insurance, and I agree to pay any medical and/or dental expenses directly or indirectly related to my participation.

I have fully informed myself of the contents of this agreement by reading it before signing it. No oral representations, statements or other inducements to sign this release have been made apart from what is contained in this document. **Initial:** \_\_\_\_\_

**If the participant is under eighteen years of age, a parent's or legal guardian's signature is required for each minor child on page one and page two.**

Printed Name of Participant: \_\_\_\_\_

Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Guardian: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Rivers Edge Outdoor Excursions Participant's Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

IF PARTICIPANT IS A MINOR, SIGNATURE OF PARENT OR GUARDIAN IS ALSO REQUIRED: In consideration of my minor child's being permitted to participate in the Trip, I accept and agree to the full contents of this and the agreement in page 1. I understand, accept and agree to RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND the Released Parties (Rivers Edge Outdoor Excursions LLC) from all liabilities and claims that arise in any way from any injury, death, loss or harm that occurs to my minor child during the Trip or in any way related to The Trip. This includes any claim of the minor and any claim arising from the negligence of the Released Parties. I understand that nothing in this agreement is intended to release claims for gross negligence, intentional or reckless misconduct, or any other liabilities that New York law does not permit to be excluded by agreement.

I give my permission for Rivers Edge Outdoor Excursions to treat minor medical issues in accordance to their American Red Cross Training (first aid and wilderness first aid) as well as provide if needed outside medical assistance such as but not limited to emergence evacuation to a medical facility at a cost to myself and/or my insurance provider.

PUBLICITY RELEASE: By participating in or attending any activity in connection with The Trip or program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of my minor child or provided by me or my minor child for publicity, promotion, websites or any other use directly related to Rivers Edge Outdoor Excursions LLC .I expressly waive any right of privacy for such photo's, compensation, copyright or other ownership right connected to same.

I have fully informed myself of the contents of this agreement by reading it before signing it. No oral representations, statements or other inducements to sign this release have been made apart from what is contained in this document. **Initial:** \_\_\_\_\_

Mother/Guardian: _____	Father/Guardian: _____
Signature: _____ Date _____	Signature: _____ Date _____
Phone #1: _____ #2 _____	Phone #1: _____ #2 _____
Email: _____	Email: _____
<input type="checkbox"/> Married to Child's other parent <input type="checkbox"/> Child lives with me	<input type="checkbox"/> Married to Child's other parent <input type="checkbox"/> Child lives with me
<input type="checkbox"/> I have sole custody <input type="checkbox"/> I have joint custody	<input type="checkbox"/> I have sole custody <input type="checkbox"/> I have joint custody