_____
GROUP NAME/ NOMBRE

DATE/ FECHA: _____/_____/_____
TRIP/ VIAJE : _____

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 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 capsize 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 of food arranged for me by BLUE SKY ADVENTURES, INC. and it's agents or associates, I have and hereby assume all of the above risks and will hold them harmless for any and all liability, actions, causes of action, debts, claims, and demands of every kind and every nature whatsoever which I have or which may arise out of or in connection with my trip arranged for me by BLUE SKY ADVENTURES, INC. and it's 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, agents and associates to use any photographs 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: _____ _____ _____
NAME SIGNATURE STAFF INITIALS

I HAVE CAREFULLY READ THIS RISK 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 FOR MY TOUR.

NAME: _____ SIGNATURE: _____

ADDRESS: _____ _____ _____ _____
STREET CITY STATE ZIP

PHONE: _____ EMAIL: _____

Name & Signature of any additional party members (please 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
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NAME	SIGNATURE	NAME	SIGNATURE