

2010 FINISHING FORMS.

Please mail in the following forms as soon as possible,
but **NO LATER** than 30 days before the start of your session.



1.) **MEDICAL HISTORY AND CONSENT FORM**

The completion of these forms is mandatory for all campers. In addition to having a physical within the past 24 months, a licensed physician must sign **this** form within 6 months of the start of your session.



2.) **CAMP RULES**

This form must be signed by both camper and parent/guardian.



3.) **RELEASE OF LIABILITY FOR HIGH CASCADE/SKI AREA/EQUIPMENT SUPPLIER**

Both sections of this release form are mandatory for camp participation.



4.) **TIMBERLINE SKI AREA RELEASE OF LIABILITY**

This release form is mandatory for camp participation.



5.) **(optional form) DEPARTMENT OF SKATEBOARDING RELEASE OF LIABILITY**

The Department of Skateboarding (DOS) is an indoor skateboard facility located in Portland. In order to attend an optional activity day trip to the DOS this form must be signed & notarized. (*Please note; a notary is NOT needed to skateboard at High Cascade's skateboard facilities)



6.) **(optional form) U-BOAT RAFTING RELEASE OF LIABILITY**

This optional release form must be signed by a parent/guardian in order for camper to participate in an optional rafting trip on activity day.

Don't forget; if you have not already completed your travel itinerary, snowboard ability, store spending account and camper questionnaire forms in your myHCSC online account; please do so at least 30 days before the start of your session.

Please mail forms to:

High Cascade 5014 NE 15th Ave, Portland, OR 97211

After June 4th please mail to:

P.O. Box 368 Government Camp, OR 97028
(FedEx or UPS) 30481 E Blossom Trail, Government Camp, OR 97028



HIGH CASCADE CAMPS, INC.

MEDICAL HISTORY AND CONSENT FOR TREATMENT

Page 1 of 2

Name of Camper _____ Date of Birth ___/___/___ Gender M F Session _____
Mailing Address _____ City _____ State _____ Zip _____

Emergency Contact Information

1st Parent or Guardian Name _____ Relationship _____ Home phone _____
Cell Phone _____ Work Phone _____ Other Phone _____
Address _____ City _____ State _____ Zip _____
2nd Parent or Guardian Name _____ Relationship _____ Home phone _____
Cell Phone _____ Work Phone _____ Other Phone _____
Address (if different) _____ City _____ State _____ Zip _____

1st Emergency Alternative Name _____ Best Phone _____
2nd Emergency Alternative Name _____ Best Phone _____

Medical Care Payment & Insurance: A front and back copy of your insurance card is also required.

Guarantor (Insured) _____ DOB ___/___/___ Relationship _____
Guarantor Address _____
City _____ State _____ Zip _____ Phone Number _____
Employer Name & Address _____
Insurance Company _____ Insurance Phone _____
Insurance Company Address _____
Contract Number _____ Group Number _____

Description of any physical, medical, surgical, behavioral, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp (please expand on the back of this form)

Circle **Y** or **N** for all queries; List specific information for all yes responses.

Medication Allergies Y N List _____
Allergies to Food Y N List _____
Allergies to Insects Y N List _____
Other Allergies Y N List _____
Active Infections Disease Y N List _____
Any Activity Limitations Y N List _____
Concussions in the last year Y N List _____
Pertinent Medical History Y N List _____
Date of Last Tetanus _____ All other immunizations up to date? _____

Any Medication at Camp Yes No If yes please read the following guidelines and complete the medication list.

Over the counter medications: For the safety of your camper and other campers please limit over the counter medications. We have medical orders and medications for most minor aches, pains, allergies, upset stomachs, itches, sore throats, etc. If over the counter medications are sent they must be labeled with camper's name and be listed on this form. A few of the medications carried; Ibuprofen, acetaminophen, antacids, anti-diarrhea & others.

Prescribed medications at camp: All medications must be in the original container. A physician must prescribe these medications. The container must have the camper's name, the medication, the dosage and the frequency printed on it. This information must match the information on this form. Except for emergency or rescue medications the medications are stored in locked storage units. Unless the camp is otherwise advised, campers are expected to take their own medications as directed. The suggested administration times for medications are before breakfast and bed. Other times are disruptive to camp and increase the likelihood of missed medications.

Medication Name (include mg, gm, mcg, etc.) Amount (number of pills, puffs, etc.) Number of times per day & when (am/pm)

Medication Name (include mg, gm, mcg, etc.)	Amount (number of pills, puffs, etc.)	Number of times per day & when (am/pm)

PLEASE BE SURE TO COMPLETE THE SECOND PAGE OF THIS FORM!



HIGH CASCADE CAMPS, INC.

MEDICAL HISTORY AND CONSENT FOR TREATMENT

Page 2 of 2

Certification of Information and Consent for medical Care

Information provided on this two (2) page document "Medical History and Consent for Treatment" for above camper is accurate. I agree to update any changes in information. In the case of a minor camper it is my intention that the camp be treated as acting in loco parentis. I grant permission to High Cascade Camps, Inc. to provide or seek routine and emergency medical care for listed camper. I grant permission for the hospital, clinic and or physician that High Cascade Camps, Inc. has selected to provide medical care. I grant permission for High Cascade Camps, Inc. to select the mode of transportation. I accept full responsibility for the cost of transportation to a hospital or clinic. I accept responsibility for all costs associated with the medical care provided. I grant permission for High Cascade Camps, Inc. to cover costs associated with medical care and then charge same costs to my valid credit card. I grant permission for the clinic, hospital or medical professional to discuss the care planned or rendered with High Cascade Camps, Inc. In the case of minor campers I understand that High Cascade Camps, Inc. will attempt to notify me should an exam at a clinic, hospital or physician's office be sought, but not necessarily prior to the medical care being sought or rendered. Should I rescind this agreement and refuse a specific mode of transportation or refuse to seek medical care or choose to seek medical care a different facility than that selected by High Cascade Camps, Inc. I release High Cascade Camps, Inc. from providing any further assistance with medical care or transportation.

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

*For campers under the age of 18 this certification and consent must be signed by a legal guardian or parent.

PHYSICIAN'S SECTION

This section must be completed by a licensed physician, physician's assistant or nurse practitioner.

A physician's signature for clearance to participate and affirmation of health information is required within 6 months of participation. In addition, a physician's exam must have been completed within 24 months of the session the camper is participating.

Exam: Date of last physical exam: _____/_____/_____ (must be within 24 months of camp)

Clearance to participate: Listed on page one of this two page document are known physical restrictions, current on-going allergies, treatments and/or medications. With consideration of the above named camper's medical history and current medical condition, I approve of his/her participation in the programs offered by High Cascade Camps, Inc.

Physician's Signature _____ Date _____

Printed Name and Title _____ Phone _____

Address _____

A PHYSICIAN MUST SIGN THIS FORM WITHIN 6 MONTHS OF CAMPER'S ATTENDANCE.
COPIES OF PHYSICALS AND/OR GENERIC SPORTS/SCHOOL ACTIVITY RELEASES WILL NOT BE ACCEPTED IN PLACE OF THIS COMPLETED FORM.







*Before you send in this form read and check:

- ___ I have completed and will send both pages of this 2 page document
- ___ I have completed all information requested and I have attached a copy of my health insurance cards
- ___ The consent section is signed by both the camper and parent/guardian (if the camper is under 18)
- ___ A physician, nurse practitioner, or physician's assistant signed this form (for all campers, regardless of age)

This form is in accordance with requirements of the American Campers Association as listed in Health and Welfare sections HW-2, HW-5, HW-6 & HW-8

HIGH CASCADE CAMP RULES

For the safety, protection and well-being of all HCSC camp participants, every camper must agree to obey the following basic rules:

	____ NO DRUGS OR ALCOHOL.
	____ NO TOBACCO USE.
	____ 9:30PM CURFEW STRICTLY ENFORCED.
	____ NO THEFT OR VANDALISM.
	____ NO WEAPONS, VIOLENCE OR ABUSIVE LANGUAGE.
	____ NO LEAVING CAMP BOUNDARIES.

I understand and agree to follow the rules as stated above. I understand that my failure to comply with any of these rules may result in expulsion, black list, and/or prosecution.

Expulsion from camp for disciplinary reasons is at the sole discretion of High Cascade.

Campers are required to leave camp within 24 hours of expulsion. Any related travel costs due to camper suspension are the responsibility of the camper and/or camper's parent/guardian. No refunds or credits will be given if camper is expelled for disciplinary reasons.

Name of Camper (print): _____

Signature of Camper: _____ Date: _____

Signature of Parent/Guardian: _____
(Required if camper is under 18 years of age)

**HIGH CASCADE CAMPS, INC./ SKI AREA/ EQUIPMENT
RELEASE OF LIABILITY**

1.) I am aware that all camp activities, including but not limited to snowboarding, skateboarding, skiing, in-line skating, wakeboarding, wakesurfing, mountain biking, bicycling, swimming, snow skating, basketball, tetherball, camp fires, horse shoes, arts and crafts, hiking, white water rafting, paintball, trampolines, surfing, BMX biking, soccer, dodge ball, kick ball, volleyball, baseball, balance boards and apparatus, dry slope snowboarding and rail training, trampoline foam pit, water slide, jousting, bowling and golf, are hazardous sports that include certain risks and dangers and include the risk of serious injury or death. I voluntarily accept full responsibility for all risks involved, including risks inherent in all camp activities and in the HALFPIPES, QUARTERPIPES, FREESTYLE BUMPS, JUMPS AND HIPS, RAIL SLIDES, FREESTYLE BOXES & WALL RIDES, AND OTHER CONSTRUCTED AND NATURAL FEATURES.

2.) I accept my responsibility to snowboard and participate in camp activities safely at all times, to abide by the Skier Responsibility Code and the Oregon ski statue (ORS 30.970 et. seq.), and obey all posted behavior notices and any other ski area and camp rules and policies.

3.) I understand that I may borrow certain recreational equipment from **High Cascade Camps, Inc. ("HCSC") dba High Cascade Snowboard Camp** and/or other equipment suppliers, distributors, manufacturers or sponsors through HCSC or elsewhere. Such equipment may include, but is not limited to, helmets, snowboards, boots, bindings and hardware, skateboards, wakeboards, bicycles and other recreational equipment (The "Equipment"). I agree that any Equipment I use while participating in camp activities or on my own time, I use entirely at my own risk. I voluntarily acknowledge and assume all risks associated with the use of the Equipment. I further agree to return, in good condition, any Equipment that I borrow and I may be held responsible for any damages thereto.

4.) IN CONSIDERATION OF MY ENROLLMENT IN HCSC AND IN FURTHER CONSIDERATION OF BEING PERMITTED TO BORROW AND USE THE EQUIPMENT, I HEREBY WAIVE ANY AND ALL CLAIMS OF ANY KIND AND NATURE WHATSOEVER, PRESENT OR FUTURE, KNOWN OR UNKNOWN, ANTICIPATED OR UNANTICIPATED, AND FULLY RELEASE HCSC AND ANY EQUIPMENT SUPPLIER, DISTRIBUTOR, MANUFACTURER OR SPONSOR AND ANY OF THEIR/ITS AGENTS, OFFICERS, DIRECTORS, SHAREHOLDERS, MEMBERS, EMPLOYEES, HEIRS, REPRESENTATIVES, SUCCESSORS, PREDECESSORS, RELATED ENTITIES, AND ASSIGNS, FROM ANY AND ALL LIABILITY AND AGREE TO DEFEND, INDEMNIFY AND HOLD HCSC AND ANY EQUIPMENT SUPPLIER, DISTRIBUTOR, MANUFACTURER OR SPONSOR AND ANY OF THEIR/ITS AGENTS, OFFICERS, DIRECTORS, SHAREHOLDERS, MEMBERS, EMPLOYEES, HEIRS, REPRESENTATIVES, SUCCESSORS, PREDECESSORS, RELATED ENTITIES, AND ASSIGNS, HARMLESS FROM ANY AND ALL LIABILITY AND ANY AND ALL CLAIMS, COSTS, SUITS, ATTORNEY FEES (WHETHER AT TRIAL OR ON APPEAL OR IN ANY LEGAL PROCEEDING) AND EXPENSES FOR DAMAGE FOR PERSONAL INJURY OR DEATH TO MYSELF OR DAMAGE TO MY PROPERTY AND ANY AND ALL CLAIMS, COSTS, SUITS, ATTORNEY FEES (WHETHER AT TRIAL OR ON APPEAL OR IN ANY LEGAL PROCEEDING) AND EXPENSES FOR DAMAGE, PERSONAL INJURY OR DEATH TO ANY OTHER PERSON OR PROPERTY, THAT ARISE OUT OF OR IN ANY WAY RELATES TO MY PARTICIPATION IN THIS EVENT, USING HCSC'S FACILITIES, MY PARTICIPATION IN OR TRAVEL TO AND FROM ANY HCSC ACTIVITIES AND/OR THE USE OF ANY EQUIPMENT, WHETHER DUE TO HIGH CASCADE'S NEGLIGENCE, RECKLESSNES, CARELESSNESS, ACTS OR OMISSIONS, EXCEPT FOR ANY LIABILITY ARISING OUT OF GROSS NEGLIGENCE OR INTENTIONAL ACTIONS. THIS RELEASE IS ALSO BINDING AS TO MY HEIRS, EXECUTORS, ADMINISTRATORS AND ANY MINORS, WHICH MAY ACCOMPANY ME.

5.) This release shall be subject to and interpreted in accordance with the laws of the State of Oregon.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS CONTENTS, AND SIGN IT OF MY OWN FREE WILL.

Participant Name: (please print) _____ Age: _____

Participant Signature: _____

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____

(Required if participant is less than 18 years of age)

HIGH CASCADE PHOTO RELEASE

In sole consideration of my participation at High Cascade I, _____ do hereby give High Cascade Camps, Inc., the irrevocable right to use my name, picture, portrait, likeness or photograph in all forms and media, whether now known or hereafter created, for advertising, trade, promotion, catalog, and any other lawful purposes, and I hereby waive any right to approve the finished product, including written copy, that may be created in connection therewith. I agree that I will not be entitled to any compensation for the rights I am giving hereby.

I have read this release and am fully familiar with its contents.

Participant Signature: _____

Parent Guardian Signature: _____

(Required if participant is less than 18 years of age)

Revised 10/09



GROUP/EVENT/CAMP/SHOP NAME: _____
TIMBERLINE LODGE AND SKI AREA
AGREEMENT OF RELEASE AND INDEMNITY
FOR 2009-2010

NAME OF PARTICIPANT: _____ AGE: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

I acknowledge that snowskating, bicycling, skiing, snowboarding, racing, chairlifts, and the boarding and unloading process, sports event production, sports events, snowmobiles, snowcats, vehicle shuttle transportation, and related sports activities including training for such activities (collectively referred to as "Sports Activities") are HAZARDOUS activities and that I have made a voluntary choice to participate in such Sports Activities (or to allow my child to do so) despite the risks that they present. I ASSUME THE INHERENT RISKS OF THE SPORTS ACTIVITIES ON BEHALF OF MYSELF AND ANY CHILD ENTRUSTED TO MY CARE. I understand that no refunds of any fees will be given after the program, event, or session begins.

I hereby irrevocably grant and convey to 'RLK and Company' all right, title and interest in and to record my name, image, voice, statements and/or writings including any and all photographic images and video or audio recordings at Timberline Lodge and Ski Area. I further irrevocably grant to RLK and Company, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium, including posting on the Internet and World Wide Web, for educational, promotional, advertising, or other purposes without limitation consistent with the mission of Timberline Lodge and Ski Area. I agree that all intellectual property rights to the sound, still, or moving images belong to RLK and Company. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds or other benefits derived from such photographs or recordings.

I acknowledge that as a Participant in Sports Activities I have certain duties under Oregon law (ORS 30.985) which include, but are not limited to, the following:

- I am the sole judge of the limits of my skills and ability to meet and overcome the inherent risks of Sports Activities and I will maintain reasonable control of speed and course.
- I will abide by the directions and instructions of the ski area operator.
- I will familiarize myself with the posted information on location and degree of difficulty of trails and slopes to the extent reasonably possible before using any slope or trail.
- I will not cross the uphill track of any surface lift except at points clearly designated by the ski area operator.
- I will not overtake any other participant except in such a manner as to avoid contact and shall grant the right-of-way to the overtaken Participant.
- I will yield to other participants when entering a trail or starting downhill.
- I will wear retention straps or other devices to prevent runaway equipment.
- I will not board rope tows, wire rope tows, j-bars, t-bars, ski lifts or other similar devices unless or until I have sufficient ability to use the devices, and I will follow any written or verbal instructions that are given regarding the devices.
- If involved in an accident, I will not depart from the ski area without leaving my name and address if reasonably possible.
- If I am injured (or if my child is injured) I will give notice of the injury to the ski area operator before leaving the ski area.
- I will not embark or disembark from a ski lift except at designated areas or by the authority of the ski area operator.

I agree that a violation of any of the duties set forth above entitles the ski area to withdraw my privilege of snowskating, snowblading, skiing, snowboarding, boarding or riding chairlifts or snowcats, and my right to use the equipment and facilities at the ski area. I also agree that if I violate any of these duties, this is evidence of my fault for any injuries or damages that may result.

IN CONSIDERATION OF PARTICIPATING IN SNOWSKATING, BICYCLING, SKIING, SNOWBOARDING, RACE TRAINING, EVENT PRODUCTION, RACING, SPORTS EVENTS, CHAIRLIFT USE (INCLUDING LOADING AND UNLOADING), AND/OR SNOWMOBILE OR SNOWCAT TRANSPORTATION, AND VEHICLE SHUTTLE. I AGREE TO RELEASE FROM LIABILITY AND TO INDEMNIFY AND HOLD HARMLESS THE ORGANIZERS AND SPONSORS OF THE SPORTS ACTIVITIES, AND RLK AND COMPANY DBA TIMBERLINE LODGE AND SKI AREA, AND THEIR OFFICERS AND DIRECTORS, OWNERS, EMPLOYEES, VOLUNTEERS, AGENTS, LANDOWNERS, AFFILIATED COMPANIES AND EMPLOYEES FROM ANY AND ALL CLAIMS AND LIABILITIES (INCLUDING COSTS AND ATTORNEY FEES), ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PREPARATION OR PRACTICE FOR, OR MY PARTICIPATION IN, SPORTS ACTIVITIES, OR ANY OTHER USE OF THE FACILITIES OR EQUIPMENT OF TIMBERLINE LODGE AND SKI AREA. THIS RELEASE AND INDEMNITY AGREEMENT IS INTENDED TO RELEASE CLAIMS AND LIABILITIES CAUSED BY THE NEGLIGENCE OF TIMBERLINE LODGE AND SKI AREA AND/OR THE ORGANIZERS AND SPONSORS OF ANY SPORTS ACTIVITIES OR EVENTS.

In the event of any claims or litigation arising out of or in connection with participation in any activity at Timberline Lodge and Ski Area, the venue for legal proceeding shall be Clackamas County, Oregon. If any term is declared to be invalid hereunder, the remaining terms of this Agreement shall continue to be enforceable. This Agreement is governed by Oregon law.

I, the undersigned, have carefully read and understood this Agreement and all of its terms. I understand that this is a RELEASE AND INDEMNITY AGREEMENT which may prevent me or my estate from recovering damages in the event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

PARTICIPANT'S SIGNATURE: _____

PARENT OR GUARDIAN OF PARTICIPANT (must be signed by parent or legal guardian if Participant is under eighteen (18) years of age). AS PARENT OR GUARDIAN OF THE NAMED PARTICIPANT, I HEREBY AGREE TO THE INDEMNITY PROVISIONS REFERRED TO ABOVE AND I WILL BE RESPONSIBLE FOR THE PAYMENT OF ANY MEDICAL EXPENSES INCURRED BY THIS MINOR.

PARENT OR GUARDIAN NAME: _____ DATE: _____

(Please print)

PARENT OR GUARDIAN SIGNATURE: _____



Department of Skateboarding Agreement for Waiver and Release, Assumption of Risks & Indemnification

**This document affects your legal rights. You should read it carefully.
No membership will be granted without proper completion of this document.**

Member Name _____ Parent or Legal Guardian Name _____

I, the above Member being above age 18, or the Parent or Legal Guardian of the above member who is under age 18, agree as follows:

I acknowledge and understand that skating, in-line skating, skateboarding, riding bikes and other roller sports are hazardous and dangerous activities that require strenuous exercise and various degrees of skill and experience for the different skating surfaces and venues. I understand that these activities can result in serious injury to the person and damage to property and voluntarily assume any and all risks of loss, damage or injury while on the premises.

I am aware of the risks, hazards and dangers of personal injury, death and disability inherent in entering the premises, as well as those inherent risks, hazards and dangers of personal injury, death and disability in participating in any roller sport event. I am aware that the usual risks, hazards and dangers of personal injury, death and disability increase when using ramps, curbs, steps, half pipes, inclines, or declines, bowls or any other structure or device. I also understand that these risks, hazards and dangers are further increased when other persons, whether of the same level of experience or skill, are using the same facilities.

In consideration for the admission, viewing privileges and use of the facilities of Department of Skateboarding LLC, I hereby agree to release and forever discharge Department of Skateboarding LLC, Utopia Enterprises, Inc, Marvin Lee (landlord), Liz Lee (landlord) and their agents, servants, employees, officers, directors, trustees and all other persons or entities acting on their behalf, from any and all claims, actions, damages, liability, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected to my participation or use of the skate park facility (either in the interior or the exterior), use of equipment or property supplied by Department of Skateboarding LLC or my presence upon the premises, whether or not such claims, actions, damages, liability, costs or expenses are caused by the negligence of Department of Skateboarding LLC or landlord. By this Agreement, it is my intention to surrender and waive any rights to sue or exercise any legal right to seek damages from Department of Skateboarding LLC, Utopia Enterprises, Inc, Marvin Lee, Liz Lee and their agents, servants, employees, officers, directors, trustees and all other persons or entities acting on their behalf.

I acknowledge that my participation in or the viewing and spectating of activities at Department of Skateboarding LLC is strictly voluntary in spite of the risks and dangers and that no one is forcing me to participate or view and spectate.

I agree to indemnify, hold harmless and defend Department of Skateboarding LLC, Utopia Enterprises, Inc, Marvin Lee, Liz Lee and their agents, servants, employees, officers, directors, trustees and all other persons or entities acting on their behalf, from any and all claims, actions, damages, liability, costs or expenses and attorney fees of any spectator, other member or third party in connection with or arising out of my involvement or participation in any activity at Department of Skateboarding LLC.

I give my consent and permission to Department of Skateboarding LLC to obtain on my behalf of myself or my minor child any emergency medical treatment in case of sickness, accident or injury and to secure such medical attention at my expense.

I agree that this Agreement shall apply to my participating in any and all Department of Skateboarding LLC activities and programs, including but not limited to, open skating, skateboarding, other roller sport activities, practice sessions, instructional sessions, competitions and activities directed by any representative of Department of Skateboarding LLC,

including viewing or spectating of any of the aforementioned activities. This Agreement shall cover all of the aforementioned activities regardless of whether the activities are conducted inside the building, outside the building or at any other location where activities sponsored by Department of Skateboarding LLC may take place.

This Agreement shall be effective and binding upon my heirs, agents, personal representatives and assigns.

I hereby certify that I am over 18 years of age or I am the parent or legal guardian of the minor member listed above. I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this agreement and the effect of the same. I am aware that by signing this Agreement, I assume all risks and waive and release certain substantial rights that I may have or possess.

Member Name _____ Parent or Legal Guardian Name _____

Member Address _____ City _____ Zip _____ Phone _____

Emergency Contact _____ Phone _____ Relationship _____

Alternate Emergency Contact _____ Phone _____ Relationship _____

Member Date of Birth (MM/DD/YY) _____ Drivers License Number _____ Gender M / F

Member Signature _____ Parent or Legal Guardian Signature _____

**IF PARENT OR LEGAL GUARDIAN OF MINOR DOES NOT APPEAR IN PERSO,
THEN THIS SECTION MUST BE WITNESSED AND NOTARIZED BY A NOTARY PUBLIC.**

On _____, before me, _____ personally appeared _____, personally known to me ___ or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledge to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument, the person executed the instrument. WITNESS my hand and official seal.

[SEAL]

NOTARY PUBLIC



Deschutes U-Boat, Inc.

Highway 197 S
P.O. Box 144
Maupin, OR 97037

Release of Liability, READ Before Signing

Please sign/initial where indicated with (X)

In consideration of being allowed to participate in the use of rafting equipment, events or activity of **DESCHUTES U-BOAT, INC. I**, (X) _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious DOES exist; and,
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HERBY RELEASE, INDEMNIFY, AND HOLD HARMLESS DESCHUTES U-BOAT, INC.** their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"). **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to personal property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Participant Name (X) _____ Age: _____ Date: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER THE AGE OF 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

Parent/Guardian Name(X) _____ Emergency Phone # _____

Parent/Guardian Signature _____ Date: _____

Initial (X) _____ I WAIVE THE USE OF A WHITEWATER HELMET FOR MY CHILD