



GUEST INFORMATION SHEET

Please complete both sides for each member in your group and return to our office before your trip. You may FAX it to us at 209/962-4819
THIS IS A CHALLENGING TRIP! ALL TRIP MEMBERS SHOULD BE AGILE, HEALTHY AND COORDINATED

RIVER: MIDDLE FORK AMERICAN DATE OF TRIP: _____

FIRST TRIP MEMBER - PERSONAL INFORMATION - May we share your name, address and e-mail with other trip members? Yes ___ No ___

NAME _____ DAY PHONE _____

STREET _____ EVE PHONE _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

HEIGHT _____ WEIGHT¹ _____ DATE OF BIRTH² _____

¹ Minimum weight = 100 pounds; Maximum weight = 250 pounds; Maximum chest size = 52 inches. **PLEASE CALL IF YOU EXCEED THESE RESTRICTIONS!**
² Minimum recommended age = 12

PREVIOUS WHITEWATER EXPERIENCE: NONE _____ CLASS III _____ CLASS IV _____ CLASS V _____

RAFT PREFERENCE: PADDLE RAFT: _____ If you prefer a different type of raft, please call our office and we will try to satisfy your request.

FIRST TRIP MEMBER - MEDICAL INFORMATION -

This will help us plan for your trip; if you have specific concerns about your health, please consult your physician.

Do you have any medical conditions or physical handicaps which might affect your safety or well-being during the trip?

No ___ Yes ___ (please describe) _____

Do you have any allergies to specific foods, medications or insect bites?

No ___ Yes ___ (please describe) _____

Describe your general health (please note any ongoing medical issues such as heart disease, diabetes, asthma, pregnancy or other conditions)

SECOND TRIP MEMBER - PERSONAL INFORMATION - May we share your name, address and e-mail with other trip members? Yes ___ No ___

NAME _____ DAY PHONE _____

STREET _____ EVE PHONE _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

HEIGHT _____ WEIGHT¹ _____ DATE OF BIRTH _____

¹ Minimum weight = 100 pounds; Maximum weight = 250 pounds; Maximum chest size = 52 inches. **PLEASE CALL IF YOU EXCEED THESE RESTRICTIONS!**
² Minimum recommended age = 12

PREVIOUS WHITEWATER EXPERIENCE: NONE _____ CLASS III _____ CLASS IV _____ CLASS V _____

RAFT PREFERENCE: PADDLE RAFT: _____ If you prefer a different type of raft, please call our office and we will try to satisfy your request.

SECOND TRIP MEMBER - MEDICAL INFORMATION -

This will help us plan for your trip; if you have specific concerns about your health, please consult your physician.

Do you have any medical conditions or physical handicaps which might affect your safety or well-being during the trip?

No ___ Yes ___ (please describe) _____

Do you have any allergies to specific foods, medications or insect bites?

No ___ Yes ___ (please describe) _____

Describe your general health (please note any ongoing medical issues such as heart disease, diabetes, asthma, pregnancy or other conditions)

TERMS OF SALE -

DEPOSITS AND FINAL PAYMENTS

- Full fare is required to reserve space on all South Fork trips.
- Special deposits, discounts, and deadlines apply to group, charter and Cooperative trips. Please call our office for details.

TRANSFERS

- All transfers are subject to a \$30 per person handling charge and must be made at least 10 days prior to trip departure. After a transfer, no refunds will be made.

CANCELLATIONS AND REFUNDS -

- All cancellations must be submitted in writing.
- If the cancellation is received 30 days prior to the trip, a \$50 per person fee will apply.
- If the cancellation is received within 30 days of the trip, no refund will be made unless ARTA is able to refill the space.



RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Please read, sign and return to our office before your trip. You may FAX it to us at 209/962-4819

STATE OF CALIFORNIA DEPARTMENT OF PARKS AND RECREATION WHITEWATER PERMIT PROGRAM

Waiver of Liability and Release, Express Assumption of Risk, and Indemnity Agreement

Permittee: American River Touring Association, Inc (ARTA RIVER TRIPS) offering whitewater trips on the Middle Fork of the American River

I understand and acknowledge that there are risks of personal injury, death, and property damage while participating in river trips offered by persons permitted to operate such trips ("Permittee") by the State of California Department of Parks and Recreation. Some risks are intrinsic to whitewater river running or water sports generally; other risks are inherent in outdoor activities, wilderness travel, camping, or picnicking; still other risks may arise from conditions, situations, or activities of which I am presently unaware. My participation is voluntary and based on my independent assessment of the risks, without reliance on representations or advice by employees of the Permittee, the State of California Department of Parks and Recreation, or any other person.

Since all river trips are dangerous, and in consideration of being allowed to participate in the park and whitewater activities, I HEREBY RELEASE, WAIVE, AND RELINQUISH ALL CLAIMS AND LEGAL ACTIONS FOR PERSONAL INJURY, WRONGFUL DEATH, OR PROPERTY DAMAGE AGAINST THE STATE OF CALIFORNIA, ITS DEPARTMENT OF PARKS AND RECREATION ("STATE") OR ITS PERMITTEES ARISING AS A RESULT OF MY PARTICIPATION IN THE WHITEWATER RIVER TRIPS AND RELATED ACTIVITIES DESCRIBED HEREIN, MY USE OF PERMITTEE'S EQUIPMENT, OR ANY ACTIVITIES INCIDENTAL THERETO INCLUDING RESCUE ACTIVITIES; THIS RELEASE APPLIES EVEN IF PERMITTEE AND/OR STATE ARE NEGLIGENT OR OTHERWISE AT FAULT. I ALSO AGREE TO PROTECT, HOLD HARMLESS, DEFEND AND INDEMNIFY PERMITTEE AND STATE AND HOLD THEM HARMLESS FROM ALL CLAIMS AND LEGAL ACTIONS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM MY CONDUCT; THESE INDEMNITIES APPLY EVEN IF PERMITTEE AND STATE ARE NEGLIGENT OR OTHERWISE AT FAULT.

I understand the effect of my signing this document is that I (1) acknowledge and assume all risk of injury, death, or property damage I might suffer while participating in the whitewater activity or trip, even if it occurs as a result of the negligence of Permittee or State or defects in equipment, (2) absolve and release Permittee and State from the consequences of their negligence, including without limit, rescue efforts, and defects in equipment, and (3) will protect, hold harmless, indemnify and defend Permittee and State against any legal actions or other claims for damages arising from my actions. I UNDERSTAND THAT I AM FORFEITING IMPORTANT LEGAL RIGHTS AND INCURRING IMPORTANT LEGAL RESPONSIBILITIES.

I understand that certain minimum skills, capabilities, and physical and mental health and fitness are required in order to participate in dangerous activities like river running; I warrant that I possess these. I agree to wear a properly fastened personal flotation device (life jacket) at all times while on or in a boat, scouting rapids, or on or in the water, and to wear such other safety equipment as may be provided to me by Permittee. I understand and agree that should emergency rescue evacuation become necessary, the expenses are my sole responsibility and not those of Permittee or State or any other public or private entity.

I warrant that I am executing this agreement voluntarily and that neither Permittee or State has made representations to induce or coerce me to sign this document. I agree that the terms of this document bind me, my heirs, assigns, executors, and administrators, and expressly and specifically protect Permittee and State including, as applicable, their agents, employees, officers, directors, and shareholders.

TRIP MIDDLE FORK AMERICAN DATE OF TRIP _____

FIRST TRIP MEMBER: _____

Signature: _____ Date: _____

Signature of parent or guardian if the participant is under age 18: _____

SECOND TRIP MEMBER: _____

Signature: _____ Date: _____

Signature of parent or guardian if the participant is under age 18: _____

Name & Telephone of person to contact in case of emergency: _____