



# 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

RIVER: SOUTH 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 \_\_\_\_\_ WEIGHT <sup>1</sup> \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

<sup>1</sup> Minimum weight = 50 pounds; Maximum weight = 250 pounds; Maximum chest size = 52 inches. **PLEASE CALL IF YOU EXCEED THESE RESTRICTIONS!**

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 \_\_\_\_\_ WEIGHT <sup>1</sup> \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

<sup>1</sup> Minimum weight = 50 pounds; Maximum weight = 250 pounds; Maximum chest size = 52 inches. **PLEASE CALL IF YOU EXCEED THESE RESTRICTIONS!**

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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

This is a release. Read it carefully and sign below. This release essentially says that I am going on a whitewater rafting trip - not a Disneyland ride or to an air-conditioned shopping mall. If I die, get hurt, or damage my belongings, I will not make a claim, sue, or expect AMERICAN RIVER TOURING ASSOCIATION, INC. its owners, operators, agents, employees, directors, and associates (hereinafter referred to as ARTA), to be legally responsible or pay for any damages.

I, the undersigned, hereby acknowledge that I have voluntarily chosen to go on this whitewater rafting trip with ARTA. I know and fully understand that a whitewater rafting trip, whether on a raft, an oar boat, a kayak or any other type of vessel, is an outdoor adventure activity with inherent risks and hazards where serious accidents can occur, participants can die, sustain injuries and property damage. I acknowledge and willingly assume all risks and hazards in whitewater rafting and river related camping, including but not limited to loss of control of the raft, collision with other participants, rocks, trees, and any portion of the interior of the raft, other rafts, and any other manmade or natural obstacles, whether they are obvious or not; submersion in water, drowning, encounters with animals, wildlife and insects, exposure to extreme temperatures and inclement weather, wilderness terrain and unavailability of immediate medical attention in case of injury.

I further understand and acknowledge that ARTA provides foot cups in some of its boats to assist participants in stabilizing themselves. Although foot cups assist participants from falling out of a boat, their use may present an increased risk of knee, ankle, or other injuries because of their restrictive nature. Use of foot cups is totally voluntary. Finally, I understand that Class IV and V represent the most difficult and dangerous levels of whitewater and recognize that the risks associated with whitewater rafting are increased. *My participation in this activity is purely voluntary and I elect to do so at my own risk.*

In consideration for ARTA allowing me to participate on this trip, I voluntarily agree to release, discharge, and hold-harmless ARTA and their owners, officers, agents, Directors, and employees for any and all claims of liability arising out of their negligence, recklessness, strict liability, breach of contract, or any other act or omission which causes the undersigned illness, injury, death, and damages of any nature in any way connected with my participation in this activity. I also expressly agree to release and discharge ARTA their owners, officers, Directors, agents, and employees from any act or omission of negligence in rendering or failing to render any type of emergency or medical services. *In signing this document, I fully recognize and understand that if I, that if I, (or any minor on whose behalf I am signing this release), am hurt, die, or my property is damaged, I am giving up my right to make a claim or file a lawsuit against ARTA and all other parties and affiliates named herein even if they negligently or by some other act of omission cause the injury or damage.*

As parent or legal guardian of a participant under 18 years of age, I have read and voluntarily agreed that said minor may participate in this whitewater rafting trip, and I sign this release on their behalf. In addition, I give ARTA its agents, employees, and associates permission to treat said minor in case of illness, injury, emergency, or accident. Should emergency medical services become necessary, for the undersigned participant or minor, the expenses are the sole responsibility of the participant and not that of ARTA. Personal medical and travel insurance is strongly advised.

ARTA reserves the right to accept or deny service to any person. I hereby agree to follow all rules, regulations, and instructions of ARTA while on this trip. I also certify that I and any minor on whose behalf I am signing, are physically and mentally capable of participating in these activities. I hereby agree that ARTA may use film or photographic records of this rafting trip for its promotional and or commercial purposes.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which ARTA or its agents is a party shall be the County Supreme Court in Tuolumne County.

*I HAVE READ THIS DOCUMENT. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS WHICH IS BINDING ON MYSELF, MY HEIRS, MEMBERS OF MY FAMILY, PERSONAL REPRESENTATIVES, AND ASSIGNS. I UNDERSTAND THAT I AM ASSUMING ALL THE RISKS INHERENT IN WHITEWATER RAFTING. I AGREE TO THE TERMS OF SALE AND CANCELLATION POLICY DESCRIBED ON THE BACK OF THIS PAGE. I VOLUNTARILY SIGN MY NAME AS EVIDENCE OF MY ACCEPTANCE OF THE ABOVE PROVISIONS.*

TRIP \_\_\_\_\_ DATE OF TRIP \_\_\_\_\_

FIRST TRIP MEMBER'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SECOND TRIP MEMBER'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR GUARDIAN MUST SIGN FOR ANYONE UNDER 18 YEARS OF AGE

**ARTA RIVER TRIPS—24000 CASA LOMA ROAD—GROVELAND—CA—95321—1-800-323-2782—FAX 209-962-4819**

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[arta@arta.org](mailto:arta@arta.org)