



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

TRIP INFORMATION -

RIVER: ROWING SCHOOL- IDAHO DATE OF TRIP: _____

PERSONAL INFORMATION – May we share your name, address and e-mail with your fellow trip members? Yes ___ No ___

NAME _____ DAY PHONE _____

STREET _____ EVE PHONE _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

HEIGHT _____ WEIGHT ¹ _____ DATE OF BIRTH ² _____

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

² Minimum age = 18

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

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)

EQUIPMENT RENTAL INFORMATION -

All equipment is available on a first-come, first-served basis and must be paid for in advance of the trip.

SLEEP KIT - includes a 30 degree Polarguard bag, liner, full-length self-inflating pad, and tarp.

8 day trip – \$50 Number needed _____

TENT - 2 person, Sierra Designs Comet freestanding tent.

8 day trip – \$50 Number needed _____

TERMS OF SALE -

DEPOSITS AND FINAL PAYMENTS

- A \$200 per person deposit is required for the Rowing School.
- The balance is due 90 days prior to departure.

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 refund of trip fees will be made for a cancellation.

CANCELLATIONS AND REFUNDS -

- All cancellations must be submitted in writing.
- If the cancellation is received prior to the balance due date, a \$50 per person charge will apply.
- If the cancellation is received after the balance due date, no refund will be made unless ARTA is able to refill the space.



ACKNOWLEDGEMENT OF RISK AGREEMENT

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

In consideration of the services of American River Touring Association, Inc. their officers, agents, employees, and all other persons or entities associated with this business, (hereinafter collectively referred to as "ARTA"), I agree as follows:

Although ARTA has taken reasonable precautions to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, ARTA has informed me that this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. ARTA does not want to frighten me or reduce my enthusiasm for this activity, but believes that it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all of these risks:

- tripping, stumbling, or falling while walking, hiking, or boarding and de-boarding the boats,
- exposure to extreme temperatures and inclement weather,
- submersion in water, and collision with rocks and other obstacles while floating in the river,
- drowning,
- collision with other participants, portions of the interior of the boat, other boats, and other obstacles in the river,
- encounters with animals, wildlife, and insects,
- unavailability of immediate medical attention in case of injury or illness.

I am aware that whitewater rafting and wilderness travel entail risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume and accept full responsibility for the risks identified herein and those risks not specifically identified. My participation is purely voluntary; no one is forcing me to participate and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff of ARTA has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death, or loss of personal property, and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and, as a result of my negligence in participating in this activity.

I have read, clearly understood, and accepted the terms and conditions stated herein and on the reverse and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate, and for all members of my family, including minor children.

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 Superior Court in Tuolumne County, California.

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 and its employees while on this trip. I hereby agree that ARTA may use film or photographic records of this activity for its promotional and or commercial purposes.

TRIP IDAHO ROWING SCHOOL DATE OF TRIP _____

NAME OF GUEST _____ AGE _____ TODAY'S DATE _____

SIGNATURE _____

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