## Montana Whitewater, Inc.

Participant's Name		Age	Date
Address	City	ST	Zip
E-mail	Phone	How did you h	ere about us?
Emergency Contact (Name & Phon	e)		
Participant A	Agreement, Release And	d Assumption	Of Risk
Please read and understand the fo	ollowing section before signing. T	This document affect	s your legal rights.
In consideration of the services of M employees, and all other persons or "MWW"), I hereby agree to release a heirs, assigns, personal representation	entities acting in any capacity on thand discharge MWW, on behalf of m	eir behalf (hereinafter	collectively referred to as
physical or emotional injury, that such risks simply cannot These risks include, amon and/or you could have to sw occur; you can slip or fall du natural elements can be und sunburn, dehydration, heat oresult in hypothermia; exposipossibility.  Furthermore, MWW employ might be unaware of a partic conditions. They may give in this activity is purely volur.  I expressly agree and prom in this activity is purely volur.  I hereby voluntarily release, all claims, demands, or caus my use of MWW equipment of MWW.  Should MWW or anyone act agreement, I agree to indem.  I certify that I have adequate else agree to bear the costs any medical or physical con.	this agreement is found to be void of	telf, to property, or to to the essential qualities will be encountered; you and entanglement in equipment or personal uld be aware that this amps; also prolonged or, insects, plants; and an ey seek safety, but the misjudge the weath and the equipment be the risks existing in the telf of the risks. It demnify and hold has been also which allege not be the risk of the risks. It is a connected with my parallel are the property of the risks and the equipment be the risks existing in the connected with my parallel are the risks and contact attorney's fees an such fees and costs. It is a feet of the risk that I are the risks and costs are the risks and costs.	hird parties. I understand is of the activity. Our boat could turn over trees; head injuries can injury; exposure to the exposure could cause exposure to cold water can accidental drowning is also a deep are not infallible. They her or other environmental ingused might malfunction. It is activity. My participation or regligent acts or omissions discosts to enforce this suffer while participating, or willing to assume the risk of
By signing this document, I acknown this activity, I may be found by the basis of any claim from which entire document. I have read and	court of law to have waived my in I have released them herein. I have	rights to maintain a lacket had sufficient o	awsuit against MWW on
Signature of Participant			
PARENT OR GUARDIAN'S	ADDITIONAL INDEMNIFICATIO	N (For participants	s under the age of 18)
In Consideration of	from any and all claims which are b		
Signature of Parent/Guardian	Print Name		Date

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## **MEDICAL CONDITION RELEASE**

**Montana Whitewater** Inc. has successfully served many people over the years who have had a variety of physical or medical challenges. In order to give the best service possible, we must be informed of any conditions that our clients may have. Failure to disclose this information could result in serious harm to a participant. All information remains strictly confidential. We thank you for your honesty.

You may not participate in Montana Whitewater Activities if you are:

- Under the influence of alcohol
- Under the influence of any mind altering drug or medication

Do you or your minor have any medical conditions that may affect health and safety as a participant?

PLEASE INITIAL ALL APPLICABLE			
Heart Condition (i.e. high blood pre	essure, heart attack, heart surgery)		
Allergies			
Diabetes			
Pregnant			
Asthma			
Recent Illness, Surgery or Acciden	ts		
Mobility Concerns			
Hearing or Visual Impairment			
Other			
Prescription medications			
Explanation of Conditions checked abo	ve:		
MONTANA WHITEWATER INC. and its minor's fitness for our trips. You must on the last of myself, my personal reproductions, or losses for bodily injury, propany medical condition I might have.  Participants Signature (Age 18 and older the last of t	determine if you or your minor are seesentatives and my heirs, hereby vol.  New and its owners, agents, officer the damage, wrongful death, loss of the damage.	sufficiently fit to participate.  oluntarily agree to release, was, and employees from any a	vaive, discharge, and all claims,
Participants Signature (Age 18 and old	er) Printed Name	Date	
Parent or Guardian	n's Additional Indemnification (Fo	or participants under the a	ge of 18)
This is to certify that I, as parent/guardi myself, him/herself, our heirs, assigns a any and all liabilities incident to my min result from the above noted medical co by the law.	and next of kin. I release and agree or's involvement or participation in t	e to indemnify and hold harm these activities as provided a	lless MWW from above that may
Signature of Parent/Guardian	Printed Name	Date	