

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS & INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

INITIAL HERE:

FIRST NAME OF PARTICIPANT	LAST NAME OF PARTICIPANT						
APT #	STREET ADDRESS						
CITY	PROV/STATE						
POSTAL/ZIP CODE							
AREA CODE	HOME PHONE #	AREA CODE	WORK PHONE #	DATE OF BIRTH			
EMAIL ADDRESS							

I would like to receive the occasional email from Rafting Newfoundland (ONadventure Wilderness Tours Inc.) about upcoming events and special offers!

Neither ONadventure Wilderness Tours Inc. (O/A Rafting Newfoundland), nor any officer, director, contractor, employee, sponsor, guide or representative is liable for any personal injury, damage to property, death or any other loss or damage of any nature whatsoever of any kind occurring while en route to or from the ONadventure Wilderness Tours Inc. base camp ("Raft Shack"), or during your stay at the base camp, or while participating in any activity associated therewith, including the participation in rafting/canoeing/kayaking on the Exploits River, **whether or not caused by any act or omission, negligent or otherwise, of ONadventure Wilderness Tours Inc. or any officer, director, contractor, employee, sponsor, guide or representative of them.**

Without limiting the generality of the foregoing, the guest releases and agrees to indemnify and save harmless ONadventure Wilderness Tours Inc. and its officers, directors, contractors, employees, sponsors, guides and representatives (the "Indemnified Parties") from and against any liability, damage or loss of any nature of any kind arising from, related to or connected with (a) the consumption of any alcohol on or off the premises, (b) the rental or use of any equipment, including canoes, kayaks, bikes or rafts, whether such rental or use was arranged or facilitated by ONadventure Wilderness Tours Inc. or not, and (c) any participation in any activity associated with ONadventure Wilderness Tours Inc., including any participation in the white water rafting, rafting, canoeing, kayaking, biking or hiking.

It is the responsibility of each guest to be aware of and abide by all applicable laws in engaging in any recreational, sport or related activities while with ONadventure Wilderness Tours Inc. The guest acknowledges that natural areas and outdoor activities may be hazardous and agrees to assume all risk of injury or damage while traveling to or from, staying at or participating in any activities associated with his or her experience with ONadventure Wilderness Tours Inc., including the white water rafting experience. For greater certainty, the guest acknowledges that they take part in the white water rafting experience solely at their own risk. The guest further agrees to comply with all directions of the management and staff as to the activities associated with his or her experience with ONadventure Wilderness Tours Inc.

This Waiver of Liability /Indemnification shall apply to all visits to or activities associated with ONadventure Wilderness Tours Inc., including the white water rafting, rafting, canoeing, kayaking, biking or hiking experience from the date hereof, and where any person, whether a child, grandchild, relative, or otherwise of the undersigned, accompanying the undersigned on any such visit or activity, including the white water rafting experience has not attained the age of maturity, this Waiver of Liability/Indemnification shall apply to such person, and the undersigned agrees that he or she has the authority to sign on behalf of the child, grandchild, relative or otherwise, and the undersign agrees to indemnify the Indemnified Parties from any and all claims from or on behalf of such child, grandchild, relative or otherwise of the undersigned, or in connection with an injury to such person, to which this document would apply had such person been of age and executed this document themselves. **I hereby give ONadventure Wilderness Tours Inc. permission to use any photos taken during ONadventure Wilderness Tours Inc. activities for the purposes of marketing.**

The Undersigned acknowledges to have read and understood the above Waiver of Liability/Indemnification.

Signature of Participant: _____ **Print Name Clearly:** _____

Signature of Parent or Guardian if participant under 18 years old: _____

Signed this _____ **day of** _____, 20____ **Office Witness:** _____

Emergency Medical Information

I acknowledge that I have been advised to wear a helmet and life jacket while participating in the Whitewater Activities. Instruction in the proper use of the helmet and life jacket is available from the guides. I am aware that the physical exertion required by Whitewater Activities and the forces exerted on the body can activate or aggravate pre-existing physical injuries, conditions, symptoms, or congenital defects. I have been advised to seek medical advice if I know or suspect that my physical condition may be incompatible with the Whitewater Activities. I acknowledge that I am not nor will I be under the influence of drugs or alcohol while participating in the Whitewater Activities. **INITIAL HERE:**

Emergency Contact: _____ **Phone:** _____
(someone who is **NOT** participating with you)

Do you have any allergies? Yes No

If yes, please provide details: _____

Have you ever been prescribed an "Epi-Pen" to combat serious allergic reactions?

Yes, and I have it with me Yes, but I do **not** have it with me No

If yes, please provide details: _____

Are you subject to any of the following, check (x) and give details:

- | | | | | |
|--|---|------------------------------------|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Headaches | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Bleeding Disorders |
| <input type="checkbox"/> Arm/Shoulder Problems | <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Cramps | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart Condition | |

If yes, please provide details: _____

Do you require special care, medication or diet? Yes No

If yes, please provide details:

Have you had a tetanus shot within the last ten years? Yes No

If yes, when?:

Are you a swimmer? Yes No

Has it ever been necessary to restrict your activities for medical reasons? Yes No

If yes, please provide details:

The Undersigned acknowledges to have answered all questions to the best of their knowledge in all honesty.

Signature of Participant: _____ **Print Name Clearly:** _____

Signature of Parent or Guardian if participant under 18 years old: _____

Signed this _____ **day of** _____, 20____ **Office Witness:** _____