

Project Great Outdoors, Inc. (Project GO)

Assumption of Risk, Waiver of Liability Medical Authorization and Publicity Consent

Whitewater rafting, like most water sports, involves an inherent risk of injury, drowning or even death. I acknowledge and accept all hazards of this activity, including but not limited to; falling or being ejected from the raft, swift current, cold water, hydraulics, variations in flow, rocks, river obstacles, equipment failure, slippery footing, hiking, falling, inclement weather, poisonous plants and wild animals.

I acknowledge and accept that outdoor/wilderness activities can compound the difficulty of emergencies or delay medical care. It is not possible to anticipate all risks that could occur during this activity, but I accept all risks of my own accord. I acknowledge that Project Great Outdoors, Inc. is not a commercial rafting company, but is a California non-profit organization providing experiential education opportunities to youth. Project GO uses volunteer guides and facilitators, trained in First Aid and CPR. At least one guide per trip is trained in technical Swiftwater Rescue. I will not sue Project GO for anything that may occur during this activity. I hereby release, discharge, and hold harmless Project GO and all its guides from any claims relating to any injury, death, property damage, or loss arising from participation in any Project GO activity, including claims of negligence and claims arising from transportation to and from the activity. The venue for any dispute with Project GO shall be Alameda County, California. I agree to pay all costs, legal expenses and adverse judgments incurred by Project GO for any claim or lawsuit that I file, or is filed by anyone else on my behalf.

In the event of any suspected injury or medical condition, I consent to treatment by Project GO and its guides. I further consent to, and agree to pay for, any medical treatment I may receive from any other healthcare providers. In the event that the Project GO Head Guide deems evacuation necessary, I agree to pay the cost of transportation to a medical facility.

I acknowledge that Project GO may utilize photographs that may be taken of me, statements that I may make during the activity, or words that I write. I consent to this use and waive all rights to compensation. In consideration for participation in this activity, I agree to the terms above. I understand that this is a binding legal document. I understand the terms of this agreement and understand that I am giving up important legal rights.

FULL NAME OF PARTICIPANT	AGE
ADDRESS	
CITY, STATE, ZIP	PHONE NUMBER
EMAIL ADDRESS	
EMERGENCY CONTACT	PHONE NUMBER
PLEASE LIST ANY MEDICAL CONDITIONS	
SIGNATURE (MUST BE OVER 18)	
SIGNATURE OF PARENT OR LEGAL GUARDIAN	

FOR OFFICE USE

Program Trip Chaperone Volunteer Guest

ORGANIZATION

TRIP DATE