

**NEW WORLD RIVER EXPEDITION  
REGISTRATION, ACKNOWLEDGEMENT  
AND ACCEPTANCE OF RISKS FORM**

PLEASE READ CAREFULLY!

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Prov./State \_\_\_\_\_

Postal code \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

To: New World River Expeditions Ltd including directors, officers, employees, agents and representatives, together referred to as the OPERATOR.

**ASSUMPTION OF RISKS**

**I, THE UNDERSIGNED, HEREBY DECLARE THE FOLLOWING:**

*I am aware that participating in the activities offered by or associated with the OPERATOR, including the use of its equipment and facilities, exposes me to many inherent risks, dangers and hazards. By engaging in any activities offered by or associated with the OPERATOR, I freely accept and fully assume all inherent risks, dangers, and hazards, of any responsibility for any physical, moral or material injury which can result from it, including the risk of falling off at any time.*

**I, THE UNDERSIGNED DECLARE THAT:**

*1. I am a capable swimmer in good health, and I am aware that the activities may require vigorous physical effort and stamina. I am not impaired or influenced by alcohol or drugs and will not partake of the same during the operation of the activity. I have read the medical questionnaire and responded negatively to all questions.*

*2. I authorize the OPERATOR to produce pictures or videos containing my image for sale or publicity without compensation, and I authorize the use of my name for mailing list purposes.*

*3. I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT*

*4. That this agreement shall be affecting and binding upon my heirs, legal representatives, executors, administrators and assigns.*

**PARTICIPANT SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*If participant is less than 18 years old, the parent or guardian must also sign below:*

**GUARDIAN** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**MEDICAL QUESTIONNAIRE**

**A.**

**Yes / no**

- \_\_\_\_ \_\_\_\_ 1-Your doctor has advised you that you have a cardiac condition and that you should not participate in physical activities unless approved by a physician?
- \_\_\_\_ \_\_\_\_ 2- Do you experience chest pain when engaged in physical Activity?
- \_\_\_\_ \_\_\_\_ 3- in the past month, have you experienced chest pains apart from participating in physical activity?
- \_\_\_\_ \_\_\_\_ 4- Do you experience loss of equilibrium or have you lost consciousness?
- \_\_\_\_ \_\_\_\_ 5- Do you have bone or joint problems that could be aggravated by participating in a physical activity?
- \_\_\_\_ \_\_\_\_ 6- Do you take medication to control high blood pressure or Cardiac conditions?
- \_\_\_\_ \_\_\_\_ 7- Are you aware of any other reason for which you should not participate in a physical activity?

**B. Do you suffer from, or have you in the past suffered from**

**Yes / no**

**Yes / no**

- |           |  |           |                     |
|-----------|--|-----------|---------------------|
| ____ ____ | Epilepsy ?                                       | ____ ____ | Haemophilia ?       |
| ____ ____ | Psychological illness ?                          | ____ ____ | Serious allergies ? |
| ____ ____ | Asthma ?   | ____ ____ | Diabetes?           |
| ____ ____ | Are you pregnant?                                |           |                     |
| ____ ____ | Have you undergone surgery in the last 6 months? |           |                     |

If your response to any of the questions in section A is "YES" you should have a written medical authorization before signing this form and participating in the trip.

If your response is "YES" to any of the questions in section B, you should identify yourself to the trip leader and advise him or her of any special medical requirement before participation.

**How Did you hear from us ?**

- |      |         |      |          |      |                    |
|------|---------|------|----------|------|--------------------|
| ____ | Mailing | ____ | Web Site | ____ | Outdoor Show       |
| ____ | E-Mail  | ____ | Friend   | ____ | Returning Customer |

**ACCEPTED** \_\_\_\_\_ **PER OPERATOR**