



Canyon RIO Preferences & Health Form

Your comfort and safety are our first priority on our river rafting trips. Each member of the group must fill out their own **Preferences & Health Form** and return it with the **Risk and Liability Release** form.

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Trip Date _____ Trip Location _____

For fitting lifejackets, splash gear and wet suits, please provide the following information:

Age _____ Height _____ Weight _____ Unisex size _____

Novice camper? Yes _____ No _____ Strong swimmer? Yes _____ No _____

In case of emergency, notify: Name/Relation _____ Phone # _____

Physician's Name _____ Phone # _____

Health History (check and give pertinent information):

Frequent Illness Yes _____ No _____ Heart Trouble Yes _____ No _____

Sinus Problems Yes _____ No _____ Asthma Yes _____ No _____

Fainting Yes _____ No _____ Respiratory Disorders Yes _____ No _____

Stomach Upsets Yes _____ No _____ Diabetes Yes _____ No _____

Smoker? Yes _____ No _____ Other health problems: _____

Pregnant Yes _____ No _____ _____

Operations or Serious injuries _____

Are capable of participating in normal activities? _____

Medications _____

Allergic reactions: Bee Stings _____ Penicillin _____ Ivy, Oak, Sumac _____ Other _____

Food Allergies (please explain) _____

Vegetarian or Chicken & Fish only (please explain) _____

In case of a medical emergency, I understand that Canyon Rio Rafting/Grand Canyon Outdoor Center Inc. will make a reasonable effort to contact the family physician. In the event that the family physician cannot be reached, I hereby give permission to the physician selected by the Canyon Rio Rafting staff to hospitalize, secure proper treatment and order injections, anesthesia or surgery for me. (or the individual as named above in the case of minors)

Signature _____ Date _____

(Parent or guardian signature if above is a minor)

Note: Canyon Rio Rafting strives to make our trips accessible to all people regardless of physical limitations. Please contact our office to discuss the trip most suitable for your personal needs.



CANYON RIO RELEASE OF LIABILITY AND ACKNOWLEDGEMENT OF RISK- - PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in Canyon Rio Rafting/Canyon R.E.O./Grand Canyon Outdoor Center, Inc./Desert Whitewater LLC (hereafter known as *Company*) operations, use of equipment, or its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF **Company** or others, and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of employees of **Company** immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS **COMPANY**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity of "**Company**", WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF **Company** OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____
 Print: Participant Full Name Email address

x _____
 Print: Address City State Zip Code

x _____
 Participant Signature Age Date Signed

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
 (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of **Company**, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless **Company** from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF **Company**, to the fullest extent permitted by law.

x _____
PARENT/GUARDIAN SIGNATURE Print Parent's Name Date Signed