

WILD WEST RAFTING

220 West Park Street, Gardiner, MT 59030 | Mailing Address: P.O. Box 1050, Gardiner, MT 59030

**ACKNOWLEDGMENT AND ASSUMPTION OF RISK
RELEASE AND WAIVER OF LIABILITY AGREEMENT**

In consideration of the services of Wild West Rafting and as a condition to participating in Wild West Rafting river excursions, I hereby agree as follows.

1. Acknowledgment and Assumption of Risk:

I acknowledge the inherent risk in river excursions, including floating on a river, whitewater rafting, entering and exiting the river craft, and transport to and from the river which could result in personal injury, death or property damage to myself, or to property or to third parties. I also understand that such risks, whether known or unknown, cannot be eliminated from such river excursions. I hereby expressly agree and promise to accept and assume all of the risks associated with such river excursions and further agree that my participation in these activities is purely voluntary and I elect to participate in spite of such risks.

2. Release and Waiver of Liability and Claims:

I hereby expressly agree to release, waive, and discharge Wild West Rafting and Wild West Rafting's affiliated companies, officers, directors, employees, and agents from and all liability, claims, demands or causes of action that I may have now hereafter for any and all injuries to my person or property that may be sustained by me during the river excursion or resulting from or associated with such river excursion.

3. I further agree to indemnify, save and hold harmless and defend Wild West Rafting, and each of them from any loss, liability, damage or cost that they may incur due to my presence and participation in any river excursion, including without limitation, subrogation and/or derivative claims brought by any third part or insurer in connection with any injury or damage that I may suffer while on a Wild West Rafting river excursion.

4. Insurance:

I hereby affirm and certify that I have adequate general liability and personal health insurance policies to cover any injury or damage that I may cause or suffer while participating in a Wild West Rafting river excursion, or else I agree to bear the costs of such injury or damage to myself. I further affirm and certify that I have no medical or physical conditions which could interfere with my safety on a river excursion, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

5. Choice of Law:

I further agree that any action at law, suit in equity, or judicial proceeding for the enforcement, construction, or breach of this Agreement or any provision thereof, or any suit arising out of river excursion which is the subject of this Agreement, shall be instituted only in district court the County of Park, State of Montana. I understand and agree that this Agreement shall be governed by the Laws of the State of Montana and that this Agreement has been entered into and shall be performed in the State of Montana. I further agree that the prevailing party in any such action shall be entitled to costs and attorney's fees.

I HAVE READ AND VOLUNTARILY SIGN THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GURANTEE BEING MADE TO ME, AND INTEND THAT MY SIGNATURE IS COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made

Participant's Printed Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Age: _____ Email: _____

Participant's Signature: _____

Parent or Guardian's Authorization

Must be completed for those under the age of 18; I also enter into this Agreement on behalf of the following, who are my children or legal wards:

1. Name: _____ Age: _____ 2. Name: _____ Age: _____

3. Name: _____ Age: _____ 4. Name: _____ Age: _____

Guardian Printed Name: _____

Guardian Signed Name: _____ Date: _____

How Did You Hear About Us? Please Circle. Google Bing Yahoo Hotel Referral Word of Mouth Brochure

Other: _____