

Trip Registration Form

Please take time to fill out this form completely. We use the information you provide to make your trip as safe and enjoyable as possible. Please return this form by fax or mail at your earliest opportunity. All information is confidential.

Registration Information: (Please Print)

Reference # (from invoice) _____ Trip Date _____ River _____

Name:(Please Print) _____ Age _____ Ht _____ Wt _____

If minor, name of custodial parent _____

Street _____ City _____ State _____ Zip _____

Phone (Day) _____ E-Mail _____ Occupation _____

Can you swim? _____ T-Shirt Size (Circle One) S M L XL XXL

On rare occasions it is necessary to contact customers the night before a trip. Please provide us with contact and/or lodging information for the day and evening prior to departure. _____

In case of emergency, notify: (name, address, phone, relationship) _____

Medical & Dietary Information

Raft trips can at times be exciting and/or strenuous, and therefore are designed and recommended for people in sound physical condition without major medical or health impairments of any kind. Injuries are uncommon but if treatment is required it helps our staff to know the following information.

Allergies (please check those that apply and list or describe as necessary)

- Bee Stings (describe your last reaction) _____
(We do not carry epinephrine. If you have a serious allergy we strongly recommend that you consult your physician.)
- Medications (please list) _____
- Foods (please list) _____

Please list any required medications _____
(For required medications we recommend bringing a back-up supply to be carried separately by the trip leader)

Please list any dietary restrictions _____

Please list any health or medical conditions that may affect the health and safety of staff and participants or might otherwise affect your ability to participate in trip activities (i.e. recent surgeries or injuries, chronic ailments, disabilities, etc..)

Other Information

As part of your trip fare, tents (sleeps two), sleeping bags, pads and a water bottle (free gift) are included. Many of our guests prefer to use their own equipment. We will assume that we will provide these items unless otherwise indicated.

I AM BRINGING MY OWN...

- Tent(s)
How many tents are you bringing? _____
How many tents do you still need? _____
- Sleeping Bag
- Pad
- I would like a family-sized tent (sleeps 4)
And I will need _____ additional tents.

Vehicle Information

On 2 & 3-Day Deschutes Trips and 3-Day John Day trips your vehicle will be shuttled to the take-out. Please provide us with the following information:

Year _____ Make _____ Model _____
Color _____ Condition _____
Insurance Company _____
Policy Number _____

Ouzel Outfitters – Box 827 Bend, Oregon 97709 – 800-788-7238 – info@OregonRafting.com – Fax (541) 385-0461

ASSUMPTION OF RISK for participation in a River Rafting Trip with Ouzel Outfitters

Trip _____ Trip Date _____

Section 1.

I, the undersigned, as a trip member on an Ouzel Holding, Co., Inc. (dba) Ouzel Outfitters (hereafter referred to as Ouzel) trip, have been informed that Ouzel makes every reasonable effort to safeguard me, my family, and my (our) belongings. However, by reading and signing this document, I acknowledge and appreciate that during the river trip or tour and related activities in which I am participating with Ouzel and its agents, employees or associates, certain specific risks and dangers exist which are inherent in river running, associated activities and wilderness travel. I acknowledge and appreciate that these risks include but are not limited to loss or damage to personal property, personal injury or fatality to myself, my spouse, family members or friends.

Damage to or loss of property, personal injury or fatality may occur due to the capsize of a raft, kayak or other water craft, collision of a raft, kayak or other water with a vehicle, bridge, other water craft, rock, log, tree, or other object in the river or on shore. Damage to or loss of property, personal injury or fatality may occur due to falling into or from a raft, kayak or water craft, or falling while hiking or walking on shore on and off established trails and paths, delay of advanced medical care in the event of accident or illness in remote places without medical facilities, physicians or nurses, water damage due to leaking bags or other containers, illness caused by waterborne parasites and bacteria, and exposure to temperature extremes or inclement weather. Damage to or loss of property, personal injury or fatality may occur due to immersion in cold water and hypothermia (significant loss of body heat), entrapment in or under the water due to a rock, tree, water craft, loose equipment, river current or other object in the water, collision while swimming in swift or calm water with a rock, tree, water craft or other manmade or natural object in the water or on shore. Damage to or loss of property, personal injury or fatality may also occur due to vehicle accident while riding in vehicles operated by Ouzel, its agents, employee or associates.

In consideration of and as part of payment for the right to participate in Ouzel trips or tours and the services and food arranged for me by Ouzel and its agents and associates, I certify that I have the necessary skills and ability to participate in this activity, and do voluntarily participate in this river trip and the related activities with knowledge of the dangers and risks involved, as stated above. By my signature below, I accept and assume responsibility for myself for injury, death and loss of or damage to personal property and expenses thereof as a result of my negligence in participating in this activity except to the extent such damage or injury may be due to the negligence of Ouzel. I hereby agree to assume all responsibility for myself and my property and hereby release and discharge Ouzel and its officers, directors, stockholders, employees, representatives, sub contractors and agents from all claims, demands, and rights or causes of action for injuries or damages of any description which may occur as a result of my participation on this Ouzel trip.

If I am signing this agreement on behalf of another person, I also certify that all representations are true with respect to the participant and that I am the participant's legal guardian or custodial parent with full authority to bind that person and myself to the terms of this agreement.

Section 2.

Ouzel and/or its associates and employees act only as agents for the client in making arrangements for trips and/or travel services with common carriers or other outfitters and/or guide services, for vehicle shuttle services, and for carpools among various trip members, and accepts and assumes no liability or responsibility whatsoever for any damages, injuries, fatalities, losses, or delays due to any cause whatsoever, whether to person or property in connection with such services and/or arrangements. Ouzel shall not be held responsible for any act, omission, or event during the time participants are aboard airlines, trains, buses, vans, or other common carriers or private passenger cars which are not operated by Ouzel and each trip member hereby agrees to release Ouzel from any and all liability in connection therewith.

Participants are strongly advised to have personal medical insurance, along with baggage and camera insurance. It is understood that if emergency rescue evacuation should become necessary, the expenses are the sole responsibility of the participant and not that of Ouzel. Ouzel reserves the right to accept or decline service to any person.

Section 3.

I hereby agree to permit Ouzel employees and other guests to take photographs and make film records of the trip without further recourse or compensation to me. I understand and agree that such photographs and/or film records may be used for commercial and/or promotional purposes.

I HAVE CAREFULLY READ SECTIONS 1, 2, AND 3 OF THIS DOCUMENT AND FULLY UNDERSTAND THE CONTENTS OF EACH. I AM AWARE THAT THESE AGREEMENTS CONSTITUTE AN ASSUMPTION OF RISK AND A CONTRACT BETWEEN OUZEL HOLDING CO., INC, (DBA) OUZEL OUTFITTERS, AND/OR ITS AFFILIATED ORGANIZATIONS AND MYSELF. I SIGN OF MY OWN FREE WILL ON MY BEHALF OR ON BEHALF OF PARTICIPATING MINORS IN MY CUSTODY.

NAME OF PARTICIPANT _____ TRIP DATE _____

SIGNATURE _____ DATE _____

ARE YOU SIGNING FOR A MINOR AS HIS/HER LEGAL GUARDIAN? **YES** (Please Print Name Below) **NO** (signing for myself)

NAME OF PERSON SIGNING FOR MINOR _____ RELATIONSHIP TO MINOR _____