

# Tributary Whitewater Tours LLC

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## **ASSUMPTION OF RISK Class 5 Rivers**

River: \_\_\_\_\_ Trip Date(s): \_\_\_\_\_ Group Name: \_\_\_\_\_

I recognize that there is an element of risk in any adventure, sport or activity associated with the outdoors. I am aware that certain dangers can be minimized but never entirely eliminated. On a white water rafting trip these dangers include, but are not limited to, the following: falling out of the raft into the river; falling down while on shore; colliding with rocks, rafting equipment, and/or other rafters; exposure to cold water and/or inclement weather; and exposure to plants, insects and/or animals capable of producing adverse physical reactions.

**I understand that Class 5 rivers, such as this one, represent the most difficult and most dangerous level of whitewater and recognize that the usual risks of rafting are amplified.**

I certify that those named below are fully capable of participating in the activities of this white water rafting trip. Therefore, I assume full responsibility for myself and any minor children named below for any bodily injury, death or loss of personal property, and/or expenses which result from participating in this trip, except to the extent such damage or injury may be due to the gross negligence of *Tributary Whitewater Tours LLC*. I further understand that *Tributary Whitewater Tours LLC* may refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the activity.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which *Tributary Whitewater Tours LLC* or its agents is a party shall be either the City of Grass Valley, California Justice Court or the County or State Supreme Court in Nevada County.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Please print the following clearly. Include **the names and ages of all minors** covered.

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Minor(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Although *Tributary Whitewater Tours LLC* cannot assume responsibility for anyone's personal medical conditions, please write below any medical problems or conditions you think we should know of.

**This form must be completed and signed by each rafter over 18 years of age or by the parent or guardian for minors. Return to the address above as soon as possible, to arrive no later than the day before your trip. PLEASE DO NOT FAX! This will avoid delays when we meet you. Thank you for rafting with Tributary.**