

SILVER CLOUD EXPEDITIONS
ACKNOWLEDGEMENT & ASSUMPTION OF RISK

In consideration of being allowed to participate in any portion or activity of a recreational trip with Silver Cloud

Expeditions, I, _____ acknowledge, appreciate and agree that:
(Please print name of participant)

1. I plan to make a recreational trip with Silver Cloud Expeditions. I am fully aware that there are significant risks both known and unknown involved in any white water rafting or boating trip, fishing trip, air and/or ground transportation to and from the river, and/or recreational activities (hiking, swimming, camping, wading, fishing, etc.) that are associated with this experience. Certain risks cannot be eliminated without destroying the unique character of this trip. The same elements that contribute to the character of this activity can be causes of loss or damage to my property, accidental injury or illness, or, in extreme cases, permanent trauma or death.
2. I am aware that I will be camping and traveling in a wilderness or backcountry area, traveling by raft, drift boat, inflatable kayak, or other water craft on a river with obstacles and rapids, far from the normal services of civilization, subject to risks known and unknown unique to this type of travel.
3. These risks include but are not limited to: loss or damage to personal property; serious bodily injury or fatality due to capsizing of a raft or other vessel or other causes; collision with boat, rock, log, or tree; air loss from boats or other equipment failure; immersion in water & hypothermia; falling while on a raft/boat, at shore or on land; accident or illness in remote place without medical facilities; exposure to temperature extremes or inclement weather.
4. I expressly acknowledge my responsibility to select a trip appropriate to my (and/or my minor child's) abilities, for being in sufficient good health to undertake the trip, for studying pre-departure information, and for bringing the appropriate clothing and equipment as advised therein. I further agree to consult a physician regarding any medical problems that may impede my (or minor child's) participation in this trip.
5. I understand that Silver Cloud Expeditions has the right to make river craft and schedule changes, when necessary for the safety of the trip and participants. I also understand that if I must be evacuated at my request or otherwise due to illness, injury, or other cause, that I will be responsible for the evacuation cost. I acknowledge that I will be responsible for costs associated with unplanned flight or shuttle changes that are incurred on my behalf.
6. I do expressly covenant and state that I am (or my minor child is) a member of a trip with Silver Cloud Expeditions and that I knowingly and freely assume all such risks, including risks known or unknown not listed above, in said trip for myself (and my minor child). I also assume full responsibility for personal injury to myself and/or members of my family, or for loss or damage to my personal property and expenses thereof. The terms hereof shall serve as an express assumption of risk for myself, my heirs, executors and administrators, and for all members of my family, including any minors accompanying me.
7. I understand that other trip members, professional photographers or Silver Cloud Expeditions may wish to make photographic or video records of this trip for personal and promotional purposes, and I hereby grant my permission for them to do so without recourse and without compensation to me.

I have read this document. I voluntarily sign my name as evidence of my (and/or my minor child's) acceptance of the above provisions.

Printed Name Of Participant (adult or minor)

Signature Of Participant (or parent or legal guardian if participant is under the age of 21)

Date

Please return this form along with your medical questionnaire to Silver Cloud Expeditions at your earliest convenience –
Fax – 208-756-3708
Mail – PO Box 1006, Salmon, ID 83467

TRIP MEMBER'S RESPONSIBILITY

I acknowledge that the personnel of Silver Cloud Expeditions are happy to discuss any and all aspects of the trip I am about to take with me if I have any further questions or concerns. I acknowledge that I and the members of my family have the responsibility to select a trip appropriate to our abilities and interest, and I agree that we are responsible for being in sufficient good health to undertake the trip. I acknowledge that I am responsible for studying all pre-departure information and bringing the appropriate clothing and equipment as advised therein. If I have any medical problems that may impede my participation in this trip or increase the risk of my participation, I have consulted my physician and obtained his/her approval, and I have advised Silver Cloud Expeditions of this condition.

MEDICAL QUESTIONNAIRE

Please fill out the information below - *one form for each party member* - and return with your balance payment. This information will be kept confidential. Parent or legal guardian should fill out this information for minors under 21.

PLEASE CONSULT YOUR PHYSICIAN FOR ANY PHYSICAL OR MEDICAL CONDITIONS WHICH MAY AFFECT YOUR PARTICIPATION BEFORE TAKING THIS TRIP

Trip Participant (print): _____ Trip Date: _____

Full Mailing Address: _____

Gender: Male- Female- Height: _____ Weight: _____ Birth Date: _____

Are you allergic to any foods? Yes _____ No _____
Are you allergic to insect bites or bee stings? Yes _____ No _____
Are you allergic to any medications? Yes _____ No _____

Within the past 3 years have you been under a physician's care or taking medication for:
Hypertension, Diabetes, Seizures, Shortness of Breath, Stroke, Vascular Problems, Pregnancy, Allergies or any
Chronic Medical Conditions? (circle if yes) Yes _____ No _____

Has your doctor advised you against taking or participating in any aspect of this trip?
Yes _____ No _____

If yes to any of the above, please explain: _____

In an emergency, please notify _____ Phone: _____

I agree with the above "Trip Member's Responsibility" and certify that the information provided in the "Medical Questionnaire" is complete and correct to the best of my knowledge. I also agree to hold harmless Silver Cloud Expeditions and its employees, for any failure, intentional or otherwise, to provide medical or other disclosures which may be significant to my health during participation in this trip.

Printed Name Of Participant (adult or minor) Signature Of Participant (or parent or legal guardian if participant is under the age of 21) Date

Please return this form to Silver Cloud Expeditions by fax or mail with assumption of risk form – Thank you!
Fax: 208-756-3708
Mail: Silver Cloud Expeditions, PO Box 1006, Salmon, ID 83467