

SONGER WHITEWATER, INC.
FAYETTEVILLE, WV 25840

**ACKNOWLEDGMENT OF RISK, RELEASE, and
MEDICAL TREATMENT AUTHORIZATION FOR MINORS**

READ CAREFULLY - -

I hereby grant permission for my child _____ to participate in whitewater rafting, biking, kayaking, camping, horseback riding, rock climbing, or canoeing at Songer Whitewater, Inc. on (date) _____, and I hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's use of rafting, biking, kayaking, camping, horseback riding, rock climbing, or canoeing equipment and my child's participation in rafting, biking, kayaking, camping, horseback riding, rock climbing, or canoeing activities; (b) my child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risks of falling out of a raft, kayak, or canoe, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear an approved personal flotation device at all times while on the water. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances before or during her/his scheduled activities. Any claims or disputes arising from my child's participation in Songer Whitewater Inc. activities or use of Songer Whitewater, Inc. equipment shall be venued in the Fayette County Supreme Court of the State of West Virginia.

My child is in good health and is at or above the minimum age stated in Songer Whitewater Inc. advertising for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems which will present any risk to his/her participation in the activities. I permit the use of any photos, slides, films, or sketches of him/her taken during the day's activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

MEDICAL AUTHORIZATION

I hereby specifically authorize SONGER WHITEWATER, INC., its employees, officers, agents or servants to provide, arrange for, or authorize medical treatment for my child in the case of emergency, accident, illness, or injury.

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN SONGER WHITEWATER, INC. RAFTING, BIKING, KAYAKING, HORSEBACK RIDING, ROCK CLIMBING, CAMPING, OR CANOEING ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

Child's Name: (Print) _____ Age: _____ Trip Date: _____

Child's Signature: _____

Organization Name (If Applicable): _____ Today's Date: _____

Parent or Guardian Name (Print) _____ Signature _____

DO NOT LOSE—PLEASE GIVE COMPLETED FORM TO YOUR GROUP LEADER

