



## Browns Canyon Rafting

### Arkansas River Location

30375 N. US Hwy 24  
Buena Vista, CO. 81211

719.275.2890  
www.raftbrowns canyon.com

### Administration Office:

P.O. # 4632  
Buena Vista, CO 81211

800.332.3381  
admin@raftbrowns canyon.com

## ASSUMPTION OF RISK/LIABILITY RELEASE FORM

*PLEASE READ CAREFULLY AND FILL OUT COMPLETELY\**

(The information in this section **MUST** be printed legibly)

How did you hear about us? |  Internet |  Brochure |  Family/Friend |  Sign |  Ad |  Other \_\_\_\_\_

Name First: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Children under 18 years:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

I am aware that by signing this document for participation in Adrenaline Rush Ltd. (d/b/a Browns Canyon Rafting, referred to as "BCR" in this document) activities I acknowledge that certain elements of this activity may be physically and emotionally demanding as well as dangerous. Furthermore, I understand that certain risks and dangers such as those listed below exist in the activity in which I am participating. **I freely and willingly accept those risks and dangers individually and on behalf of my participating family members (minors).**

These risks include, but are not limited to: loss or damage to personal property; **SERIOUS INJURY OR DEATH** due to inclement weather, slipping, collisions, raft-flipping, falling, falling out of raft, insect bites, falling objects, falls from vehicles, vehicular accidents, immersion in cold water, hypothermia, striking submerged or visible rocks and trees; drowning; suffering any type of accident or illness in remote areas without easy access to medical facilities; or while traveling to and from the activity site.

River rafting, kayaking, inflatable kayaking, mountain biking, and rock climbing are activities during which injuries may occur regardless of all reasonable precautions. I acknowledge individually and on behalf of my participating family members that while BCR and its guides will make reasonable efforts to teach me proper techniques to minimize exposure to known risks, all hazards and dangers associated with this activity cannot be foreseen and/or avoided.

**I HAVE A PERSONAL RESPONSIBILITY to learn and to follow the safety rules and procedures established by BCR and by my guide. I will make them aware at anytime in which I question my knowledge of those procedures that may reduce my risk of serious injury or death.**

**I understand and assume, individually and on behalf of my participating family members, all the dangers and risks associated with this activity and WAIVE ALL CLAIMS OR CAUSES OF ACTION ARISING OUT OF PARTICIPATION IN BROWNS CANYON RAFTING ACTIVITIES AND IN ANY WAY ARISING OUT OF, OR IN CONNECTION WITH MY TRIP, AND RELEASE ALL PERSONS AND AGENTS FROM LIABILITY WHETHER CAUSED BY BROWNS CANYON RAFTING' NEGLIGENCE, NEGLIGENCE PER SE, BREACH OF CONTRACT, WARRANTY, STRICT LIABILITY OR OTHERWISE, which I may ever have against Browns Canyon Rafting, its successors and assigns, its officers, directors, shareholders, employee agents, subcontractors, and their heirs, executors and assigns.**

I agree to release the City of Cañon City, the City of Buena Vista, Chaffee County, Clear Creek County, City of Idaho Springs, Jefferson County and all private property owners that BCR lease from, from the above liabilities as stated herein associated with the use of City, County, National Forest and private property during rafting, kayaking, inflatable kayaking, mountain biking or rock climbing related activities. I also authorize the use of any photographs or video recordings taken of my participation for promotional purposes. I agree that BCR has the right to withhold or confiscate any photographs or recordings during my participation in any BCR activities. This agreement and any claims shall be governed by Colorado law. The exclusive jurisdiction and venue for any claim shall be held in the Chaffee County, Colorado District Court.

I accept responsibility for any and all equipment used, rented, or borrowed from Browns Canyon Rafting. And further agree to pay for replacement or repair in the event any equipment is lost, damaged, or stolen individually and on behalf of my participating family members.

MEDICAL INFORMATION (You are not required to provide this information but the consequences of failure to do so are solely your responsibility. Information is strictly confidential.) Please identify all known allergies to food, drugs, insect bites, etc., and the nature of the reaction. Identify and describe any disabilities or conditions that might limit your participation or place you in any heightened danger from any of the risks listed in paragraph 2 above. List any medication you are currently taking and the reason for its use

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In case of emergency, we will contact: (Emergency contact cannot be any person on your trip)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Due to the rugged and remote setting of this activity, access to hospital and medical facilities is limited. By signing below, I am giving consent for medical treatment from the guides and medical personnel in an emergency situation. I am advised that the guides have received basic first aid and CPR training and are not trained medical personnel. My signature on this document is also intended to bind myself and all members of my family participating in this activity with me as well as successors, heirs, representatives, administrators and assigns. (Legal guardian must sign for those under 18 yrs old and list all names above)

**By signing this I acknowledge I have read and understand the above and agree.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* Failure to fill out this form completely is justification to cancel participation, without refund.