

**FAX, EMAIL OR MAIL
A.S.A.P. TO:**
P.O. Box 264
Groveland, CA 95321
Fax: (209) 566-0843
email: info@sierramac.com

SIERRA MAC

RIVER TRIPS

**CHERRY CREEK/
UPPER TUOLUMNE RIVER**

Trip Date: _____ / _____

(209) 591-8027

PASSENGER REGISTRATION

Please print the information requested below and return this form to our office as soon as possible in order to assist in planning your trip. One form per participant.

Name _____ Group Organizer (if applicable) _____

Address _____

City _____ State/Country _____ Zip _____

Cell Phone (_____) _____ Home Phone (_____) _____

Email _____

Age _____ Height _____ Weight _____ Male or Female (for proper flotation vest and/or wet suit sizing if required)

MEDICAL INFORMATION

Do you have any physical handicaps or medical requirements which might affect your safety or well-being during the trip?

No _____ Yes _____ If yes, describe _____

Describe your general health _____

Describe physical activities in which participate _____

Can you swim? (required on /Cherry Creek/Upper Tuolumne River) _____

Previous rafting trips? _____

Emergency contact: Name _____ Phone (_____) _____

IMPORTANT! Before you head downriver, please let your guide and trip leader know of any medical conditions (including allergies) that might affect the safety and enjoyment of your trip. If you are carrying medication with you, let them know where it is packed. We do our best to inform the guides beforehand but it is better to communicate this information to those who are directly responsible for your well-being.

DIETARY NEEDS

Dinner Menu Preference (two and three day trips only; please circle one for each night)

FIRST NIGHT: Beef Salmon Vegetarian (if yes, please specify the type of protein you eat)

SECOND NIGHT: Chicken Vegetarian _____

Dietary Restrictions: _____

GEAR RENTAL

Write the number of tents, camp kits, and/or Paco pads needed in the space provided. Calculate the cost and enclose appropriate payment with this form, or authorize us to charge the credit card that we have on file. Rental gear will be pre-loaded onto the cargo boat and be available once we make camp.

CAMP KIT RENTAL (sleeping bag and liner, Paco pad, ground tarp)

2-day trip: \$25 _____ 3-day trip: \$35 _____ Amount enclosed \$ _____

PACO PAD ONLY

2-day trip: \$15 _____ 3-day trip: \$25 _____ Amount enclosed \$ _____

TENT RENTAL (large two-person tent)

2-day trip: \$25 _____ 3-day trip: \$35 _____ Amount enclosed \$ _____

TOTAL AMOUNT FOR RENTALS \$ _____

SIERRA MAC RIVER TRIPS
WAIVER OF LIABILITY AND RELEASE,
EXPRESS ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

This is a release. Read it carefully and sign below. This release essentially says that you know you are going on a white water rafting trip in the wilderness-not to an amusement park. If you die, get hurt or damage your belongings you will not make a claim, sue or expect SIERRA MAC RIVER TRIPS, INC. (hereafter referred to as SIERRA MAC), its owners, operators, agents, employees and associates to be legally responsible or pay for damages.

I, the undersigned, hereby acknowledge that I have voluntarily chosen to go on this white water rafting trip with SIERRA MAC. I know and fully understand that a white water rafting trip, whether on a raft, an oar boat, a kayak or any other type of vessel, is an outdoor adventure activity with inherent risks and hazards where serious accidents can occur, participants can die, sustain injuries and property damage. I acknowledge and willingly assume all risks and hazards in white water rafting and river-related camping, including but not limited to, loss of control of the raft; collision with other participants, rocks, trees, any portion of the interior of the raft, other rafts, and any other man-made or natural obstacles, whether they are obvious or not; submersion in water; drowning; encounters with animals, wildlife and insects; exposure to extreme temperatures, inclement weather, and wilderness terrain; and unavailability of immediate medical attention in case of injury.

I further understand and acknowledge that SIERRA MAC provides foot cups in some of its boats to assist participants in stabilizing themselves. Although foot cups assist participants from falling out of a boat, the use of foot cups may present an increased risk of knee, ankle or other injuries because of their restrictive nature. Use of foot cups is totally voluntary. Finally, I understand that Class IV and V represents the most difficult and dangerous levels of white water and recognize that the risks associated with white water rafting are increased. My participation in this activity is purely voluntary, and I elect to do so at my own risk.

In consideration for SIERRA MAC allowing me to participate on this trip, I voluntarily agree to release, discharge and hold harmless SIERRA MAC and their owners, officers, agents and employees for any and all claims of liability arising out of their negligence, recklessness, strict liability, breach of contract or any other act or omission which causes the undersigned illness, injury, death and damages of any nature in any way connected with my participation in this activity. I also expressly agree to release and discharge SIERRA MAC, their owners, officers, agents and employees from any act or omission of negligence in rendering or failing to render any type of emergency or medical services. In signing this document, I fully recognize and understand that if I (or any minor on whose behalf I am signing this release) am hurt, die or my property is damaged, I am giving up my right to make a claim or file a lawsuit against SIERRA MAC and all other parties and affiliates named herein even if they negligently or by some other act or omission cause the injury or damage.

As parent or legal guardian of a participant under 18 years of age, I have read and voluntarily agreed that said minor may participate in this white water rafting trip, and I sign this release on his or her behalf. In addition, I give SIERRA MAC, its agents, employees and associates permission to treat said minor in case of illness, injury, emergency or accident. Should emergency medical services become necessary, for the undersigned participant or minor, the expenses are the sole responsibility of the participant and not that of SIERRA MAC. Personal medical and travel insurance is strongly advised.

SIERRA MAC reserves the right to accept or deny services to any person. I hereby agree to follow all rules, regulations and instructions of SIERRA MAC while on this trip. I also certify that I and any minor on whose behalf I am signing are physically and mentally capable of participation in these activities. I hereby agree that SIERRA MAC may use film or photographic records of this rafting trip for its promotional and/or commercial purposes.

The Venue of any dispute that may arise out of this agreement or otherwise between the parties to which SIERRA MAC or its agents is a party shall be Sonora of Tuolumne County, California Superior Court.

I HAVE READ THIS DOCUMENT. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND THAT I AM ASSUMING ALL THE RISKS INHERENT IN WHITE WATER RAFTING. I AM AWARE THAT THIS IS AN AGREEMENT BETWEEN MYSELF AND SIERRA MAC RIVER TRIPS, INC. AND/OR ITS AFFILIATED ORGANIZATIONS, AND I VOLUNTARILY SIGN MY NAME AS EVIDENCE OF MY ACCEPTANCE OF THE ABOVE PROVISIONS.

NAME (please print) _____ TRIP DATE _____

SIGNATURE _____ **DATE** _____

(Signature of participant or parent or legal guardian if participant is under 18 years of age)

ADDRESS _____

EMAIL _____

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