

RIVER DISCOVERY

**PROGRAM MEMBER'S RESPONSIBILITY**

I acknowledge that the personnel of River Discovery and Wilderness River Outfitters are happy to discuss with me any and all aspects of the trip I am about to take if I have any further questions or concerns. I acknowledge that I have the responsibility to select a program appropriate to my abilities and interest, and I agree that I am 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 River Discovery and Wilderness River Outfitters of this condition.

**MEDICAL QUESTIONNAIRE**

*This information will be kept confidential.*

***PLEASE CONSULT YOUR PHYSICIAN for any physical or medical conditions which may affect your participation before attending this program!***

Participant (print): \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Any other physicians or health care providers we should be aware of: \_\_\_\_\_

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

**General Physical Condition:**

- Have **daily aerobic exercise** routine. **Do not** get winded walking up 3 flights of stairs. Participate in active sports.
- Have irregular exercise routine. **Slightly** winded after walking up 3 flights of stairs.
- Do not do any regular exercise.
- No regular Exercise. Some medical problems.

**Health Insurance:**

Carrier \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Phone \_\_\_\_\_ Covered individual name \_\_\_\_\_

**Health History:** *(Use back of page for additional information if needed)*

Cancer diagnosis: \_\_\_\_\_ Medications: \_\_\_\_\_

***Type of Medication storage needed:*** \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

Restricted activities: \_\_\_\_\_ None: \_\_\_\_\_

Additional information or concerns: \_\_\_\_\_

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**Do you have any of the following?**

Fear of Heights \_\_\_\_\_ Details \_\_\_\_\_

History of Heart Problems \_\_\_\_\_ Details \_\_\_\_\_

History of Diabetes \_\_\_\_\_ Details \_\_\_\_\_

History of Seizures \_\_\_\_\_ Details \_\_\_\_\_

History of Infectious Disease \_\_\_\_\_ Details \_\_\_\_\_

Loss of Balance/Coordination \_\_\_\_\_ Details \_\_\_\_\_

Last Blood Pressure reading \_\_\_\_\_ Date \_\_\_\_\_

Previous injury or ailment that may give you trouble occasionally: \_\_\_\_\_

**Please list any allergies and whether your reactions are severe or moderate:**

Medicines \_\_\_\_\_

Bees \_\_\_\_\_

Insects \_\_\_\_\_

Foods \_\_\_\_\_

Plants \_\_\_\_\_

Other \_\_\_\_\_

Does your reaction to **any** food/bites/stings require medical attention or a Reaction Kit? Y\_\_\_\_ N\_\_\_\_

Medications not listed above taken on a regular basis: \_\_\_\_\_

What condition does the medication treat? \_\_\_\_\_

Do you have any dietary restrictions? \_\_\_\_\_

***In an emergency, please notify:*** \_\_\_\_\_ ***Phone:*** \_\_\_\_\_

I agree with the above “Program 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 River Discovery and Wilderness River Outfitters and their employees and volunteers, 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 Volunteer

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

***The purpose of this questionnaire is to make sure you have selected a program that is appropriate for you. All the information is confidential. We will not contact anyone or your doctor without first talking to you. If there is some reason we feel you have selected a program inappropriate for you, we will discuss this with you. Thanks for your patience.***

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**Consent for Emergency Medical Treatment**

*Please attach a copy of your insurance card.*

Participant's name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female

In presenting myself for diagnosis and treatment, I \_\_\_\_\_, give full authorization to the River Discovery staff or agents to secure medical care or treatment for me. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse or EMT in the event of illness or injury that requires immediate attention, as determined by the River Discovery staff. In the event that an emergency has occurred, I give permission to the treating medical institution and/or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary for me.

I have the following health issues and/or problems:

I take the following prescription and/or non-prescription medications:

I have the following allergies (including food, medication and all other allergies):

I do not have health insurance coverage: \_\_\_\_\_ (please initial)

Name of health insurance carrier: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Name of policy holder: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

\_\_\_\_\_  
Participant's printed name

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

RIVER DISCOVERY

**Liability Release Form**

*This form must be completed and signed by every participant. Please read carefully before signing.*

I understand that accidents occur during camp activities and that participants may sustain serious personal injury, death, and property damage as a consequence thereof. I acknowledge that I have been sufficiently briefed on the River Discovery itinerary and I acknowledge that some or all of the activities may be of a hazardous nature and/or include strenuous exercise or activity and fully understand and accept this risk. I hereby assume those risks and to release and hold harmless River Discovery, Inc, and all camp officers, trustees, board members, employees, and volunteers from any and all liability claims for personal injury and /or property damages, costs, and expenses arising out of or connected in any way with participation in camp activities. I further acknowledge that River Discovery, Inc. accepts no responsibility for the loss, damage or theft of personal property. I further acknowledge that River Discovery, Inc. is not a medical camp and will not be responsible for my medical care.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Photo Release**

I give River Discovery, Inc. and Wilderness River Outfitters permission to use any photographs, pictures and visual and audio tapes of me for TV, radio, print media, newsletter, brochure, press release, camp album or website resulting from attending River Discovery, Inc.'s Adventure Program.

\_\_\_\_\_  
Participant's Signature

## RIVER DISCOVERY

### Gear List

#### What is included?

- All camping equipment: tents, sleeping bags, sleeping pads, ground cloth
- Coast Guard approved life jackets
- 2 Waterproof river bags (*One for sleeping bag, pad and ground cloth and one for clothing*)
- Small waterproof day bag (*for items you would like accessible during the day - dry shirt, sunscreen, etc.*)

#### Please NO...

- Ipods, Zunes or MP3 players
- Stereos
- Radios
- Cell phones, BlackBerries, satellite phones
- Watches

#### You should bring...

- Good quality rain jacket and rain pants (*avoid cheap plastic, vinyl or poncho style*)
- Lightweight shirts (*one long sleeved for sun protection*)
- 1 pair of long pants
- Long underwear...synthetic is much better than cotton!
- Shorts...lighter material dries fast, good to wear over swimsuit
- Swimsuit...nylon is best because it dries fast.
- Cap & warm wool or synthetic hat & bandanas ...a must for everyone. In case of wind, attach with clip or a shoe string.
- Warm jacket...some evenings are cool. Synthetic piles are popular because they are warm even when damp.
- Socks, 3-4 pair...one heavy (wool) for hiking.
- Thin liner socks...nylon or synthetic, not cotton for hiking
- Running shoes or heavy walking shoes...2 pairs recommended-one to wear on the river (wet) and one dry.
- River sandals or aqua socks (these are optional)
- Sunglasses, ties for glasses, ***an extra pair of prescription glasses even if you wear contacts***
- Sunscreen... Sun block of maximum strength and moisturizing lotion.
- Small day or fanny pack... Nice for side excursions.
- 1 liter water bottle
- Pocket knife
- Chapstick
- Biodegradable soap (if possible), towel and shampoo
- Insect repellent
- Flashlight...small one works fine. Headlamps work great.

#### Optional items to bring...

- Fishing license
- Fishing gear
- Camera and film...bring more than you think you will need, just in case.
- Small pillow

***Wilderness River Outfitters provides a Major First Aid Kit, however we do recommend you bring your own preferred personal medications and accessories: Advil, Tylenol, Aspirin, Band-Aids and cold medicine.***

RIVER DISCOVERY

**Background Check Disclosure and Authorization**

**Disclosure**

As a volunteer or staff member of a River Discovery Adventure Program, you are required to submit to a background investigation. This investigation will include a criminal record check and an address history check.

If a volunteer or staff member will be driving participants, a driving record check will also be included in the investigation.

Any volunteer or staff member has the right to obtain additional information as to the nature and scope of the investigation requested.

**Authorization:**

I, \_\_\_\_\_ (print name) give River Discovery, Inc. authorization to perform a background check on me as a requirement for volunteering for or staffing a River Discovery Adventure Program. Furthermore, I understand that I will be subject to a background check annually and this authorization will be current for as long as I volunteer or staff a River Discovery Adventure Program.

I understand that I can request a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* from River Discovery, Inc. at any time. Initials: \_\_\_\_\_

I understand that my social security number is required to perform the background investigation. Initials: \_\_\_\_\_

Social security number: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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

If you are asked to drive participants in a River Discovery, Inc. Adventure program please provide the following:

State driver's license issued in: \_\_\_\_\_ License #: \_\_\_\_\_

Auto insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy expiration date: \_\_\_\_\_

# Wilderness River Outfitters

## PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of Wilderness River Outfitters & Trail Expeditions, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "WRO&TE"), I hereby agree to release, indemnify, and discharge WRO&TE, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based activities such as river trips and fishing, rock climbing, mountain biking, hiking, camping, backpacking, backcountry skiing and horseback pack trips entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, WRO&TE employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless WRO&TE from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of WRO&TE's equipment or facilities, **including any such claims which allege negligent acts or omissions of WRO&TE.**
4. Should WRO&TE or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against WRO&TE, I agree to do so solely in the state of Idaho, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against WRO&TE on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_