**Los Rios River Runners, Inc.**

# P.O. Box 2734, Taos, NM 87571

## ACKNOWLEDGEMENT OF RISK

I, as the Legal Guardian, Parent, or Responsible Party, hereby acknowledge that I fully understand and accept that risks and dangers exist. These risks and dangers include, but are not limited to, the hazards of whitewater rafting and traveling on rivers (collision, capsize, or ejection from the boat which could result in, but is not limited to, death, drowning, paralysis, hypothermia, fractures, and other injuries), accidents or illness in remote locations without medical facilities, the forces of nature, travel by automobile and other conveyances, and loss of personal property.

I also realize that river trips take place in remote areas where rescue may be difficult and/ or delayed.

I also acknowledge that I am in good health and physical condition, and have no medical problems that would affect my ability to participate in this raft trip.

I am aware that related risks include off-river experiences such as travel to and from the river, walking on rocky terrain, and encounters with flora and fauna.

I will obey all state and federal regulations, and instructions from guides, especially with regard to wearing personal floatation devices and littering.

### LIABILITY RELEASE

I, as the Legal Guardian, Parent, or Responsible Party, hereby acknowledge that I have read and fully understand the Acknowledgement of Risk. In consideration of, and as payment for, the right to participate in such river trips or other activities and the services and food arranged for me by Los Rios Runners, Inc., and its agents or associates, (S & L Tours LLC dba Southwest HospiTotally – Destination Southwest, etc.), I have and do hereby assume all of the above risks and will hold Los Rios Runners Inc., harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise of or in connection with my trip or participation in any activity arranged for my by Los Rios Runners Inc., and its agents or associates, (Southwest HospiTotally – Destination Southwest, etc.). The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators and for all members of my family, including and minors accompanying me.

**Student Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Name [Print] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Address \_\_

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