

ASSUMPTION OF RISK AGREEMENT Each participant must read and complete this form prior to float trip

RELEASE OF LIABILITY - READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that: The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation. I will remove myself from participation and bring such to the attention of the nearest official immediately.

By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites, social media or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Middle Fork Rapid Transit Corp., it's officers, officials, agents, and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I also agree that by bringing personal belongings of substantial value (such as MUSICAL EQUIPMENT, CAMERAS, FISHING POLES, REELS, MEDICAL DEVICES, ETC) I am responsible for packaging them in an appropriate manner to protect them from weather, water, and unintentional harm.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Printed Name	Date of Birth	Date Signed
Phone	Number(s)	
Address		
n with legal responsibility for this pnext of kin, I release and agree to	participant, do consent and agree to his/he	release as provided above of all the
Printed Name	Emergency Phone Number	Date Signed
	CONTACT IN CASEPhoneAddress ARDIANS OF PARTICIPANTS n with legal responsibility for this pext of kin, I release and agree to rip as provided above. Printed Name	CONTACT IN CASE OF EMERGENCY Phone Number(s) Address ARDIANS OF PARTICIPANTS OF MINORITY AGE (at time of regin with legal responsibility for this participant, do consent and agree to his/hernext of kin, I release and agree to indemnify and hold harmless the Released rip as provided above. Printed Name Emergency Phone Number

Grant and Kim Porter PO Box 923, Boise, ID 83701