ASSUMPTION OF RISK AND LIABILITY WAIVER – RAFTING / KAYAKING / CANOEING IN FLAT WATER AND SWIFT WATER

I, the undersigned, have enrolled in ________________________________, offered by Cascades Adventures. I understand that participation in water activities in the outdoors involves a certain degree of risk and danger. These risks may include, but are not limited to:

- water hazards – an obstacle or condition that is capable of harming a boater
- water immersion – being immersed in water (whether by choice or not)
- hypothermia – a lowering of the core internal body temperature
- falls – loss of balance (objects in train, uneven terrain, etc.)
- strains/ sprains – ligament fibers or muscles stretched or torn from overuse, overexertion, or twisting the body during/causing a fall
- inclement weather – adverse weather conditions, which may subject participant to cold and wet conditions
- forces of nature – naturally occurring obstacles, wind and water flow
- travel – to and from the program area
- physical/ mental exertion/ exhaustion
- equipment failure

In consideration of being able to participate in this program, I fully and voluntarily accept these risks. I, for myself, my family, my heirs, executors, administrators and assigns, release and promise not to sue Oregon State University, Oregon State University-Cascades, Cascades Adventures, the Oregon State Board of
Higher Education, the State of Oregon, and all of their officers, employees, representatives and agents from and against any and all liability, claims, suits or actions of whatsoever nature, including but not limited to claims of negligence, resulting from or arising out of my participation in this program. I am aware that the State of Oregon does not provide medical insurance coverage and therefore take full responsibility for my personal insurance.

I agree that I am responsible for my own medical and emergency expenses in the event of an accident, illness, or other incapacity occurring during my participation in the program, regardless of whether I have authorized such expenses.

I am aware that I am solely responsible for my own equipment, supplies and personal property during the course of this program.

I am aware that I am participating in this activity with a diverse group of individuals. I am responsible for my behavior and will conduct myself in a manner that is courteous and considerate of other participants.

I am aware that if I drive or provide my own motor vehicle for transportation to, during or from the program site, I am responsible for my own acts, for vehicle insurance, and for the safety and security of my own vehicle. I also agree if I am a passenger in such a private vehicle, that Oregon State University-Cascades, Cascades Adventures and their personnel are not responsible for the safety of this transportation.

Please Check One:

☐ I represent that I am physically and emotional able to participate in this event, and I understand that no one connected with Oregon State University Cascades or Cascades Adventures will undertake the responsibility to determine my ability to participate.

Please include an updated medical history form with a list of any drugs or medications you are currently taking that might affect your health in the event emergency medical treatment is necessary:

I am at least 18 years old and have read this Assumption of Risk and Liability Waiver and understand all of its terms.

Name (print): __________________________ Date: __________

Name (signature): __________________________ Date: __________