

WAIVER OF LIABILITY and RELEASE OF CLAIMS TO: OTTER RAFTING ADVENTURES Inc.

Please Read Carefully:

In consideration of my being permitted to participate in the outdoor adventure tours (which are referred to herein and thereafter as the "tours") offered or organized by *OTTER RAFTING ADVENTURES Inc.*, I hereby for myself, my heirs, executors, administrators and assigns release and forever discharge *OTTER RAFTING ADVENTURES Inc.*, their officers, managers, servants, agents, including, but not limited to, any booking agents used by *OTTER RAFTING ADVENTURES Inc.* and representatives from any and all lawsuits or actions, claims or demands by reason of any damage, loss, death or injury to myself or to my property arising from my participation in the tours of *OTTER RAFTING ADVENTURES Inc.*

I agree to save harmless, indemnify and waive rights of subrogation against *OTTER RAFTING ADVENTURES Inc.* from and against all lawsuits, claims, actions, costs or expenses in respect to any death or injury, loss or damage to myself or my property however caused arising out of or in connection with the tours of *OTTER RAFTING ADVENTURES Inc.*

I recognise that there are inherent risks and hazards involved in the tours including hazards associated with hiking, whitewater and/or fast water rafting, canoeing, kayaking, wilderness travel, and the other pursuits of *OTTER RAFTING ADVENTURES Inc.* and I agree to assume all risks and hazards, and I further agree to bear all costs of rescue or medical attention rendered to me personally arising from these events.

I confirm that I am physically capable and fit to participate in this Activity and I have no medical conditions or needs other than those listed below.

I confirm that I am eighteen years of age or older. (*Younger participants must have a parent or guardian read and sign this document.*)

PHOTO RELEASE: I consent to photographs taken of me during my participation in the Activities, and to publication of the photographs by *OTTER RAFTING ADVENTURES Inc.* for advertising, promotional and marketing purposes.

Signed

Name (Printed)

Address

City

Postal/ZIP Code

Dated

Medical Conditions

E-mail Address

How did you hear of us? Newspaper Magazine Radio Travel Guide Adventure Travel Show

Mall Display Facebook Internet Other (please specify) _____