### NOAH'S ARK WHITEWATER RAFTING COMPANY PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

In consideration of the services of Noah's Ark Whitewater Rafting Company, its agents, owners, officers, volunteers, participants, employees, related or affiliated companies, including specifically (but not limited to) d/b/a Noah's Ark Adventure Company, LLC, Browns Canyon Adventure Park of Colorado, LLC, Eremos Properties, LLC and all other persons or entities contracted by any of these companies or acting in any capacity on its behalf (hereinafter collectively referred to and defined as "N.A."), I hereby agree to forever release, hold harmless and discharge from liability N.A. on behalf of myself, my parents, my heirs, assigns, personal representative and estate as follows:

1. Inherent Risks I acknowledge that any adventure activity such as rafting/canoeing, rock climbing, hiking ropes/zip/challenge courses entails known and unanticipated risks that could result in physical or emotional injury, or damage to myself, to property, or to third parties. I understand and acknowledge that the enjoyment and excitement of adver is derived acti in part from inherent risks incurred by activity beyond the accepted safety of life at home or in my normal day activities and the these inherent risks contribute to my enjoyment and excitement and are an integral reason for my icipa understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the tivity. I acknowled I AM ULTIMATELY RESPONSIBLE for my own safety during my participation in N.A. ey ctiv. s. I also unders acknowledge that failing to use or properly use safety type equipment increases my risk of in not surviving an ry or d incident while participating in adventure activities.

The inherent risks associated with the rafting, canoeing, or water related activities (here fter ting") in wl m about to participate in include, but are not limited to: encountering whitewater rapids and change y that I will be water nows and th jolted, jarred, bounced, thrown to and fro and shaken about during rides through ese rapids or changing water flows; it is ome ò. possible that I could be injured if I come in contact with food boxes, oars/paddles, her storage containers, or other fixed equipment necessary to the operation or outfitting of the boat; there may be errors in rood rage or preparations: I recognize there are foot cups or foot holds in some watercraft which may assist in stabilizing or oldin myself or others in the watercrift but which may present an increased risk of knee, ankle or other injury as a result of restricted movem boat may be yn or be faulty; it is possible that capsizing of sinking and that if a boat turns over or flips, I could be loss of control of the boat could occur resulting in collision

"washed" overboard; boats are slippery when wet and are narvally unstable so I could slip and fall or be knocked out of the boat even in flat or non-moving water; while in the water I may become do the boat and I understand on experience trauma from rocks, boulders, etc.; I can slip or fall during hiking or portaging or getting to and from the boat and I understand that the areas in which I might hike sometimes hide dangerous obstacles such as tree wells, tree status, creeks, rocks and boulders, forest dead fall, etc.; the boat or any portion of it may collide with or encounter other boats, man mode or estimal objects including submerged or semi-submerged trees, rocks, branches, boulders, bridges, etc.; accidents can occur setting to and off the boat I acknowledge that I AM ULTIMATELY RESPONSIBLE FOR MY OWN SAFETY during participation in NA. events/activities

I acknowledge that any form of ropes, clinbing facilities, zip lines, or ropes/challenge type activities (collectively 'ropes/zip/challenge') courses or programs entail sipated risks that could result in physical or emotional injury, death, damage to myself, to property, or to third parties. I understand and acknowledge that the enjoyment and excitement of adventure activities - in this case ropes/zip/challenge courses - is del red in part from inherent risks incurred by activity beyond the accepted safety of life at home or in my normal day to day activities and nat these inhereisks contribute to my enjoyment and excitement and are an integral reason for my participation in vity. I understand that in risks cannot be eliminated without jeopardizing the essential qualities of the d acknowledge has a condition of my participation in or use of the N.A. ropes/zip/challenge course is that activity. I also und rstand a belay device Failing to use or properly use safety type equipment such as harnesses or helmets increases I wear r of not surviving an accident or incident while using or participating in ropes/zip/challenge courses and N.A. is not my k of injur sible for a ything that might ult from my failure to use or properly use any safety type equipment. I understand and the N.A. resizin/challenge course has specific weight parameters/restrictions; participants must weigh at a lge th ackno fity (50) pounds and may weigh no more than a maximum of two hundred seventy-five (275) pounds. I certify that minimun I am within the N.A. rop taballenge course weight parameters/restrictions.

I specifically acknowledge that the inherent risks associated with ropes/zip/challenge activities using fabricated structures, surfaces, towers and platforms, capies or ropes includes, but is not limited to: falling off the climbing structure, being hit by swinging apparatus, falling on orbeing impacted by other participants, hanging from a belay cable, poor or improper belaying or other techniques, the possibility that will be jolted, jarred, bounced, thrown to and fro or shaken about while on the ropes/zip/challenge course, that I may lose mybalance or grip, I may encounter slippery or wet equipment, becoming entangled in ropes, impacting the ground and/or climbing apparatus or ropes, encountering lose or dropped or damaged ropes or holds, equipment failure, improperly maintained equipment,

displaced safety equipment, belay or anchor or harness failure, general slips/trips/falls or painful crashes while using any of the equipment or climbing structures or landing platforms or the premises as large, climbing out of control or beyond my or another participants limits, the negligence of other climbers or spotters or visitors who may be present, participants giving or following inappropriate climbing advice or move sequences, my or another's failure to follow the rules of N.A., and my own negligence or inexperience. Ropes/zip/challenge activities can be strenuous and people with heart or cardiovascular ailments should not participate. In addition, people with neck or spinal restrictions should exercise great caution in choosing this activity as strains and sprains are common where participants will be jumping, swinging, climbing and moving with their full weight hanging from their hands and arms during portions of this activity. By signing this Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity rement, I acknowledge that I AM ULTIMATELY RESPONSIBLE FOR MY OWN SAFETY during my participation in the N.A. dvenure.

ling, I acknowledge that N.A. rock climbing, hiking and/or backpacking events/activities (including trips, climbs, rap reks. classes, expeditions, camping, etc.) are generally what is known as "mountaineering" type activities which entail know inknown and mird parties. unanticipated risks that could result in physical or emotional injury, death, or damage to myself, to pro-Jert or, to Mountaineering activities are most commonly exploratory in nature and are considered NUGG /ENTURE RECREATIONAL ACTIVITIES. I acknowledge that the inherent risks associated with these activities udes not limited to following: I can slip or fall during hiking, climbing or getting to and from the activity areas; I understand the he areas in which I hike, backpack or climb and/or which are used by N.A. for its activities include beautiful mou alley and meadow to alli natural beauty of these areas sometimes hide dangerous obstacles which present additional sks. Those obsta erent r tum include, but are not limited to: roots, branches and other debris on the trails, tree wells, tr eks. rocks and bou forest deadfall, holes and depressions, submerged objects in flooded or wet areas, thin ice and deep t conditions. er an wing and diff I acknowledge that it is my sole responsibility to observe and make myself familar th the areas in wh ch N ctivities occur. Participants may become lost or separated from their companions in forester rain or bad weather. I and rugged t eas, v acknowledge that I may encounter hazards such as: loose, falling, rolling and break rock; unstable or loos rock, talus and/or scree slopes, boulders; snow, rock and ice or snow avalanches or massive logsenin, d rock; objects – whether nd novement of di equipment, rocks/earth/ice, timber or other participants – falling from abd

I specifically acknowledge also that N.A. events/activities may involve lodging/camping/bivolacking in rustic and rugged situations which may present "comfort style" issues for which I accer responsibility. I acknowledge that food preparation is an integral part of some of these activities and that I and other participants may eating in the outdoors or community style environments and that some of the food may not be to my liking; there may be errors in food or preparation tha could cause my dissatisfaction and/or illness; I acknowledge my responsibility to inform N.A. of any specific food related allergie Water purification systems may or may not be used and/or may or may not function correctly; I space ally acknowledge that, in the event I choose to consume alcohol during my trip, I will bear complete responsibility for myself ar mages I may cause o N.A., its property or other guests. I acknowledge that for an my time at N.A. events/activities may require me to se equipment (IV – tents, stoves, water filtration, etc.) that I might not be familiar with and will require me to interact with oth and participants the whom I am also unfamiliar; any of these things can cause guest could be left alone, unsupervised and/or out of contact with a my discomfort and stress and have inherent risks. 1 acknowledge e. I acknowledge har here are numerous other issues I may encounter, such as campfires guide/staff person for exten and latrine issues which, while bey seem open and obviou, also have inherent risks associated with them.

locations used by N.A., participants may experience extreme environmental and/or weather I acknowledge that, in the remote conditions. Exposure to the natural elements can be une nfortable and/or harmful and I am aware that this exposure could cause sunburn, n, heat stroke, heat cranss, hypothermia or fatigue, frostbite and high altitude illnesses (HAPE and/or dehydration, heat e HACE), some or a may diminish work the other participants ability to react or respond; I understand that prolonged exposure of whic cold water numer on" syndrome or "cold shock," hypothermia and in extreme cases death. Common to cold etimes life eatening) injuries for the types of activities include, but are not limited to the following: strains, sprains, burns, (sop l/or wounds and trace a to the head or body. Participants may encounter dangerous wildlife or insects. Delays or s, cuts, a cause of including high part weather, including but not limited to low visibility, high winds, heavy rain or snow, storms or ence | inconv lightening reme temperature variations, etc., can occur. Communication in the terrain used by N.A. for its activities can be difficult and in the event of an acc scue and medical treatment may be significantly delayed or unavailable. As in all activities which are part of the N.A. adventue, N.A. or its staff may misjudge some of these issues. I expressly acknowledge that naturally occurring disease processes (including, by not limited to, Corona Virus) occur in all environments in which this activity will take place. I acknowledge A as taken reasonable and recommended measures to avoid contact, transmittal or contamination of the virus between that, while N people (includi guests/participants, employees and other third parties) that it is ultimately my responsibility to safe guard myself and unde stand and agree that, if I choose to participate in this activity, that N.A. cannot and will not have any legal liabilities others. contract the virus. toward

I acknowledge that my time at N.A. events/activities may require me to use **technical equipment** (including, but not limited to, rafts, rowing frames, oars, paddles, ropes, ice axes, watercraft, bolted rock anchors, carabiners and other hardware) that I might not be familiar with and that I or other participants may find difficult to use and which I or other participants may use incorrectly. This improper use or operation may include, but is not limited to: the failure to observe and obey all safety rules or instructions given to the participant by N.A. or guide/staff. I acknowledge that, despite reasonable care and maintenance, essential equipment may fail, malfunction or cause injury or worse harm to myself or others.

I acknowledge that I may choose to participate in activities that are provided by other vendors or operators over which N.A. has no control. Those activities are incidental to the activities provided by N.A. and may involve errors in judgment by the other dors or operators for which N.A. can bear no liability. I acknowledge that N.A. is not a "Common Carrier" but rather is in the a enture trip (rock climbing, hiking, rafting, backpacking, etc.) business. Transportation to and from activities is incidental to the ctivit sport and car, bus or van travel in some instances may be provided by N.A. and/or N.A. employees and may involve error judgment by N.A. staff operating the vans, buses, cars or other transport vehicles. The vehicles and transport trailers may habanction, oreak down by independer or be poorly maintained, causing injury, accidents, delays or in the extreme case, death. Transport ay be ovide contractors to N.A. and may involve errors in judgment by those independent contractors.

while part I understand and expressly acknowledge that I have responsibilities, including the responsibility f owi in any or all of the activities associated with or provided by N.A. I also acknowledge that I have sibility to inspect a le resp facilities or equipment to be used and to immediately advise N.A. of anything which I consider afe or to refuse to e un Furthermore, N.A. guides/staff have difficult jobs to perform. They seek safety, but they ot ini ble. They might forant of a participant's fitness or abilities. They might misjudge the weather, the elements, or t rrain inadequ te warnings or give instructions and/or I as the participant may fail to understand the safety directions nguage issues. I specifically acknowledge lue that decisions made by guides/staff and participants are often made in wilderness/en te/dan erous settings and made based on often in judgment that can not and should not be imprecise, momentary and subjective perceptions so that decisions are sul er associated with fault at a later point in time.

**<u>2. Express Assumption of Risk</u>** I expressly agree and promise to accept a cascence all the ricke expting in this activity. This means I am not just assuming the inherent risks of the activity but rather that I amassuming all of the risks of the activity, *even if they are not expressly stated in this document*. My participation in this activity is purely voluntary, and Elect to participate in spite of the risks. I agree and understand that my decision to encounter the risks in this activity is the most subtantial factor causing any ultimate harm that may come to me during this activity. This is a purely voluntary unnecessary activity for me and even if I do not (or claim that I do not) have knowledge of a particular risk, this express agreement to assume all risks whether hey are known or unknown to me is intended to defeat all claims I might have against N.A.

**3. Specific Express Legal Agreements** My intent a signing this release contract is that it will be given broad effect by the Colorado courts even if a specific risk or possible claim is no listed herein I expressly agree and acknowledge that I am waiving arguments against N.A. as to when and where an activity argums or ends and that once I am engaged *in any way* in a N.A. activity this release contract will apply. I also expressly agree that this release contract will be admissible into evidence in any legal proceeding which I initiate or become involved in gainst N.A., even if the Court rules that the contract is not dispositive of the case. I expressly agree and acknowledge that the terms and conditions of this Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement are contractual in nature ad that I am gening it of my own free will.

4. Release and Wa f Rights Including 10 Claims including NEGLIGENCE I hereby voluntarily release, forever nnify and hold Karnless N.A. form ANY AND ALL claims, demands, or causes of action, which are in any discharge, and agree to ind ticipation in his activity or my use of N.A.'s equipment or facilities, including any such Claims which way cor iv na alleg of negligence, negligence se, strict liability, premises liability, torts, breach of warranty, misrepresentation, nonany theo di sure, state d federal statutor ims, unfair trade or business practices, breach of contract, and all other claims for relief and What I am greeing to in this clause is that, beyond the legal application of the inherent risk and assumption of the cause action isign means I am waving all claims I might have against N.A. sounding in any of the above theories risk prov this separate pro including but not limited an aligence. I agree that the risks of death, injury, property loss or other damages are known and unambiguous specific type of loss is not listed in this document it is my express agreement to not hold N.A. liable for any to me and that, even in vle of damage encountered. death, injury or other

<u>5. Indemnity</u> Should N.A. or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement or to defend against lawsuits or claims brought by me or someone on my behalf, I agree to indemnify and hold them harmless (in other words, (agree to pay for...) for **all** such fees and costs. Plainly put – if I or anyone else violates this release contract and brings suit against 1.4.4 agree to pay all of N.A.'s legal fees in defending themselves.

**<u>6. Personal Skill & Insurance</u>** I certify that I have sufficient skill and fitness to participate in the activities offered by N.A. I further certify that I have no medical, mental or physical conditions which could interfere with my safety or ability to participate in these activities, or else I am willing to assume and bear the cost of all risks that may be created, directly or indirectly, by any such condition.</u> I further certify that I have adequate insurance to cover any injury, damage or emergency transportation costs I may cause or suffer while participating (regardless of the cause), or else agree to bear the costs of such injury, damage or emergency transportation costs myself. I understand and acknowledge that certain adventure activities and outdoor recreating are, in some contexts, considered 'high risk' activities and that my life insurance coverage may be affected; I understand it is my responsibility to give appropriate notice to my personal insurance companies regarding this activity.

7. Medical Issues I further agree that, in the event that N.A. deems it necessary to administer emergency first aid or C me from its activities or premises or from the field or to seek emergency medical care for me that, by signing this do ment. ving N.A. permission to: administer emergency first aid or CPR, secure emergency transport or medical care and/or disc any medical information it may have about me to any health care provider which may become involved in m care, treat al from the or rem s administration field. By signing this Agreement I am waiving any right to object to or bring any type of action or clain ainst . for of emergency first aid or CPR or for securing emergency transport or medical care and/or for the los personal med rom N.A. activitie information it may have about me to any health related person who becomes involved in my care or removifield.

8. Photographic Assignment I understand that N.A. reserves the right to take photographic of (of whatsoever natur any or all activities and I hereby agree that N.A. may use such records for promotio d/or mmercial purpo thout any renumeration to me. I hereby assign all right, title and interest I may have in or to any all m h m likeness might nar be used by N.A. I agree and acknowledge that N.A. cannot control media or photogr c images of me that may be generated or disseminated by other participants or third parties.

**9. Release as Contract and Personal Capacity** On behalf of myself and any 10 the unildren for which Cam responsible I expressly agree and acknowledge that the terms and conditions of this Release of Liability, Weiver of Claims (Assumption of Risks and Indemnity Agreement are contractual in nature and that I/we are signing of my/our can free will. I/we expressly acknowledge that I/we are not under the influence of drugs or alcohol at the time of my/our rigning of this document and that there are no other impediments or reasons why I/we would lack the capacity to enter into this contract with N.A. I also expressly agree that I have fairly entered into this Agreement.

10. Forum Selection, Severability, Breach of Contract/Warranty Waiver, Etc. 1 gree that the venue and jurisdiction for any dispute regarding this Agreement or the services rendered A. shall be Chaffee County, Colorado or the District Court of Colorado (if I am from out of state), and I further agree that the substanting law of Colorade sheet apply in any legal action without regard to the conflict aive any other jurisdiction or venue to which I or my estate might otherwise have of law rules of other states and I hereby irrevocably been entitled. I agree to submit to the jurisdiction of the Colorado course. I agree that if any portion of this agreement/contract is found shall remain in full force and effect; this document is intended to be interpreted as to be void or unenforceable, the remaining pe were the original. I understand that this document constitutes the entire broadly as possible. A copy of this release can be used as if it Agreement/Contract between surserves and w.A. and that it cannot be modified or changed in any way by representations or statements of any nature (be they vocal, advertising, etc.) outside of the ocument; in other words, I am also waiving any claims that I might have atements or representations made outside of this release contract. for breach of contract or warranty for

By signing this determent, I acknowledge for evself and any of the children I am responsible for that if anyone is hurt or property is damaged during my participation in this activity, I/we may be found by a court of law to have waived my/our right manutain a awsuit against N.1. on the basis of any claim from which I/we have released them herein.

vexpress in aution in signing this complete release of claims document is to voluntarily exchange this release contract with N.A. for the opportunity to participate in recreational activities with N.A.

## I HAVE TWO SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT.

#### I HAXE READ AND UNDERSTOOD IT, AND AGREE TO BE BOUND BY ITS TERMS.

Participant Signature	¥	Printed Name:	
Address:		E-mail:	
City:		State:	Age:
Country	Postal Code:	Phone #:	Date:
$\mathbf{\hat{v}}$	Parents or Guardia	ns Additional Indemnifica	tion and Signature

#### (Must be completed for participants under 18 years of age)

I/we represent that I/we have complete and absolute authority to bind, contract for and legally act on behalf of the minor child listed below; I/we believe and represent that I/we have the legal authority to make the waivers and releases contained herein. I/we understand and acknowledge that N.A. relies to its detriment on this representation. In consideration of my child or ward ("Minor") being permitted by N.A. to participate in its programs or activities, I further agree to indemnify (in other words, I agree to pay for...) and hold harmless N.A. from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent Signature:	Printed Name:	Date:
Parent Signature:	Printed Name:	Date:
Address:		
City: State:	Country:	_ Postal Code:
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FOR PRINT		
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# NOAH'S ARK ADVENTURE PROGRAM, LTD.

Medical Statement Form

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cipant Name:			Date of Trip:		A	.ge:	
TON 2 - Health History (use additional paper if necessary)         articipants must fill out the following information:         1. The following is a non-exhaustive list of medical conditions that could potentially be excepted us the activities at Ark, especially intense exercise and swimming, cold water immersion and hypothermia. Wis the may involved to both at high altitude and remote locations with limited access to medical care.         1. Chronic cardiovascular disease (i.e. history of heart attack, heart failurer wild lifethation or other dynfrydrini peripheral vascular disease, history of stroke, etc.)         2. Murrent pregname         3. Blood disorders (i.e. anemia, sickle cell disease, colting disorder) currenty taking any blod thipmers, etc.)         4. Murological conditions (i.e. asthma, COPD, pulmor by mexis, br.c.)         6. Diabetes         7. Ontonic pulmonary disease (i.e. asthma, COPD, pulmor by mexis, br.c.)         7. Diabetes         8. Altitude related conditions         9. On other condition that may limit your adiity to safelyparticipate in intense exercise, and/or contribute to yo with your Health Care Provider AND information or others that we should know about?         CIRCLE ONE:         YES       I have one, or pultiple, of the above medical conditions.         NO       I thave ANY of the above medical conditions.         I' YES, please describe	cipant Name:						
articipants must fill out the following information:		Last	First			Middle	x
articipants must fill out the following information:	TION 2 – Health His	story (use additiona	al paper if necessary)				
1. The following is a non-exhaustive list of medical conditions that could potentially be ease factor that activities at Ark, especially intense exercise and swimming, cold water immersion and hypothermia, as is the may involved both at high altitude and remote locations with limited access to medical care. 1. Chronic cardiovascular disease, history of stroke, etc) 2. Current pregnancy 3. Current pregnancy 3. Bood disorders (i.e. anemia, sickle cell disease, clotting disorders currence taking any blot d thinners, etc.) 3. Current pregnancy 3. Chronic prediments (i.e. seizure disorders, epilepsy, dizzinesstating episodes, etc.) 3. Chronic productions (i.e. seizure disorders, epilepsy, dizzinesstating episodes, etc.) 3. Chronic point or back/neck injuries; including history of your contropedic superiors 3. Altitude related conditions 3. Altitude related conditions 4. Any other condition that may limit your ability to safelyparticipate in intense exercise, and/or contribute to you have, or have a history of any of the above conditions, or others your if question about, we recommend you with your Health Care Provider AND information or other structure of and so a structure of the above medicar predime or others that we should know about? <b>CIRCLE ONE</b> YES I have one, or pullippie, of the above medical conditions. In Tabue one, or pullippie, of the above medical conditions. If you have any of the following dietary preferences? <i>Nonh's Ark can accommodate the following food preferences:</i> North and the pair in the pair in electron of the result all conditions. If you have any of the following dietary preferences? <i>Nonh's Ark can accommodate the following food preferences:</i> Our ave any of the oblowing dietary preferences? <i>Nonh's Ark can accommodate the following food preferences:</i> North and any environmental, medication or other severe allergies?							
Ark, especially intense exercise and swimming, cold water immersion and hypothemia, us is fip may involved but a high altitude and remote locations with limited access to medical care.         1. Chronic cardiovascular disease, history of stroke, etc.)         2. Current pregnancy         3. Blood disorders (i.e. anemia, sickle cell disease, clotting disord a current rating any bloot thinners, etc.)         4. Neurological conditions (i.e. seizure disorders, epilepsy, dizziness, anining episodes, etc.)         6. Chronic pulmonary disease (i.e. asthma, COPD, pulmonary finessis, b,c.)         7. Okronic pulmonary disease (i.e. asthma, COPD, pulmonary finessis, b,c.)         8. Altitude related conditions         9. Any other condition that may limit your a bity to safely participate in intense exercise, and/or contribute to your set of rescue.         If you have, or have a history of, any of the above conditions, or others your if question about, we <b>recommend</b> you with your Health Care Provider AND info/Mour <b>Trip Leader</b> and <b>Guide</b> at Doah's Ark prior to participating in any act Do you have ANY of the above medical reduction or others that we should know about? <b>CIRCLE ONE</b> : <b>VES</b> I have one, or any tripic, of the above medical conditions.         If you have any of the following dietary preferences? Noah's Ark can accommodate the following food preferences:         I do you have any of the following dietary preferences? Noah's Ark can accommodate the following food preferences:         I gluten F       Peanut/Tree Nut Allergy       Vegetarian							•
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<ul> <li>1. Chronic cardiovascular disease (i.e. history of heart attack, heart failures and fublishing on or other dynktyonic peripheral vascular disease, history of stroke, etc.)</li> <li>2. Current pregnancy</li> <li>3. Blood disorders (i.e. anemia, sickle cell disease, clotting disorder current taking any blod thinners, etc.)</li> <li>4. Neurological conditions (i.e. seizure disorders, epilepsy, dizzinessa inting episodes, etc.)</li> <li>5. Chronic pulmonary disease (i.e. asthma, COPD, pulmonery massis, ptc.)</li> <li>6. Diabetes</li> <li>7. Chronic joint or back/neck injuries; including history of the composed is unaviated.</li> <li>8. Altitude related conditions</li> <li>9. Any other condition that may limit your a lity to safely participate in increse exercise, and/or contribute to yo own self rescue.</li> <li>If you have, or have a history of, any of the above conditions, or others yourge it question about, we recommend you with your Health Care Provider AND information or others that we should know about?</li> <li>CIRCLE ONE:</li> <li>YES I have one, or pulliple, of the above fredicar conditions.</li> <li>If YES, please describe:</li> <li>Usy of the above medicar preferences? <i>Noah's Ark can accommodate the following food preferences</i>:</li> <li>0. Dayo have any of the rollowing dietary preferences? <i>Noah's Ark can accommodate the following food preferences</i>:</li> <li>CIRCLE ONE:</li> <li>CIRCLE ONE:</li></ul>							
<ul> <li>2. Current pregnancy</li> <li>3. Blood disorders (i.e. anemia, sickle cell disease, clotting disorder current taking any blod thinners, etc.)</li> <li>4. Neurological conditions (i.e. seizure disorders, epilepsy, dizziness, hinting episodes, etc.)</li> <li>6. Chronic pulmonary disease (i.e. asthma, COPD, pulmontry fine vis.) (c.)</li> <li>6. Diabetes</li> <li>7. Chronic joint or back/neck injuries; including history of science of opedic superiors</li> <li>8. Altitude related conditions</li> <li>9. Any other condition that may limit your a flity to safely participate in interse exercise, and/or contribute to yo own self rescue.</li> <li>If you have, or have a history of, any of the above conditions, or others you're if question about, we recommend you with your Health Care Provider AND infollowour Trip Leader and Guide at Woah's Ark prior to participating in any action you have early of the above medical additions or others that we shy ald know about?</li> <li>CIRCLE ONE:</li> <li>YES I have one, or routliple, of the above medical conditions.</li> <li>If YES, please describe:</li> <li> <ul> <li>If you have any of the following dietary preferences? Noah's Ark can accommodate the following food preferences:</li> <li>I gluten Far</li> <li>I clincle ONE:</li> <li>Yes NO</li> </ul> </li> </ul>	1. Chronic	cardiovascular dise	ease (i.e. history of he	eart attack, heart f		lation or othe	r dy <b>a hyte</b> mia,
<ul> <li>Blood disorders (i.e. anemia, sickle cell disease, clotting disorder, currents taking any blod thinners, etc.)</li> <li>Neurological conditions (i.e. seizure disorders, epilepsy, dizziness, intring episodes, etc)</li> <li>Chronic pulmonary disease (i.e. asthma, COPD, pulmonary the sis, i.e.)</li> <li>Diabetes</li> <li>Chronic joint or back/neck injuries; including history of the composed is superiors</li> <li>Altitude related conditions</li> <li>Any other condition that may limit your a lity to safely participate in interse exercise, and/or contribute to yo own self rescue.</li> <li>If you have, or have a history of, any of the above conditions, or others you're if question about, we recommend you with your Health Care Provider AND information or others that we should know about?</li> <li>CIRCLE ONE:</li> <li>YES I have one, or nultiple, of the above medical conditions.</li> <li>If yes have any of the following dietary preferences? <i>Noah's Ark can accommodate the following food preferences</i>:</li> <li>Cluten Fer</li> <li>Clincle ONE:</li> <li>YES, please describe:</li> <li>Peanut/Tree Nut Allergy   Vegetarian</li> <li>Do you have any of the onlowing dietary preferences? <i>Noah's Ark can accommodate the following food preferences</i>:</li> <li>CIRCLE ONE:</li> <li>CIRCLE ONE:</li> <li>YES NO</li> </ul>			e, history of stroke, etc	c.)		$\mathbf{Y}$	$O^{\gamma}$
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<ul> <li>5. Chronic pulmonary disease (i.e. asthma, COPD, pulmonny measis, yc.)</li> <li>6. Diabetes</li> <li>7. Chronic joint or back/neck injuries; including history of the composedic surragion</li> <li>8. Altitude related conditions</li> <li>9. Any other condition that may limit your al lity to safely participate in interse exercise, and/or contribute to yo own self rescue.</li> <li>If you have, or have a history of, any of the above conditions, or others you're in question about, we recommend you with your Health Care Provider AND information <b>Trip Leader</b> and <b>Guide</b> at boah's Ark prior to participating in any action of you have ANY of the above medicate additions or others that we should know about?</li> <li>CIRCLE ONE:</li> <li>YES I have one, or aultiple, of the above medicate conditions.</li> <li>If YES, please describe:</li> <li>Do you have any of the following dietary preferences? <i>Noah's Ark can accommodate the following food preferences</i>:</li> <li>CIRCLE ONE:</li> <li>CIRCLE ONE:</li> <li>CIRCLE ONE:</li> <li>CIRCLE ONE:</li> <li>CURCLE ONE:</li> <li>CIRCLE ONE:</li> <li></li></ul>							iners, etc.)
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Gluten For       □ Peanut/Tree Nut Allergy       □ Vegetarian         Jow on have any environmental, medication or other severe allergies?       CIRCLE ONE: YES NO	CIRCLE ONE: YES NO	I do not have AN		$\mathbf{V}$			
Gluten For       □ Peanut/Tree Nut Allergy       □ Vegetarian         Jow on have any environmental, medication or other severe allergies?       CIRCLE ONE: YES NO	CIRCLE ONE: YES NO	I do not have AN		$\mathbf{V}$			
Gluten Free       □ Peanut/Tree Nut Allergy       □ Vegetarian         Jorgen Have any environmental, medication or other severe allergies?       CIRCLE ONE: YES NO	CIRCLE ONE: YES NO	I do not have AN		$\mathbf{V}$			
Gluten Free       □ Peanut/Tree Nut Allergy       □ Vegetarian         Jorgen Have any environmental, medication or other severe allergies?       CIRCLE ONE: YES NO	CIRCLE ONE: YES NO	I do not have AN		$\mathbf{V}$			
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3. Devo have any environmental, medication or other severe allergies? CIRCLE ONE: YES NO	CIRCLE ONE: YES NO If YES, please de:	1 domot have AN scribe:	Y of the above media	al conditions.	commodate the f	ollowing food	preferences:
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If Y.S, please describe (i.e. severity, reaction, etc.):	CIRCLE ONE: YES NO If YES, please de: Do you ave any Gluten F	1 <b>domot</b> have AN scribe: of the following di the any environm	Y of the abov medic ietary preferences? No Peanut/Tr nental, medication or c	al conditions. oah's Ark can ac ee Nut Allergy other severe allerg	ies?		
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	Individuals with a history of severe allergic (anaphyla epinephrine, preferably in a pre-lo			
4.	Do you have previous whitewater rafting experience?			
	CIRCLE ONE:	YES	NO	× C
5.	Do you plan to take any medications (prescribed or over-	-the-counter) on y	our trip?	
	<b>CIRCLE ONE:</b>	YES	NO	
	If <b>YES</b> , please indicate any medications you are curren during the trip:			the you will need to take it
6. ]	Emergency Contact:	~ ()		
Name	Rivior	ıship	Phone .	Number
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