

If under eighteen years of age, parent, guardian, or custodian must sign the following indemnification:

I acknowledge that rafting has inherent risks, hazard, and dangers that cannot be eliminated, particularly in a wilderness environment. I UNDERSTAND THAT THESE RISKS, HAZARD, AND DANGER INCLUDE WITHOUT LIMITATIONS:

1. Water hazards in boating and wading in the rivers including drowning;
2. Hiking in rugged country;
3. Injuries from rafting equipment and other participants;
4. Temperature extremes; Inclement weather condition and unavailability of immediate medical attention in the wilderness in case of injury.
5. If I am to participate in the Upper Gorge or Husum Falls I attest that I am a strong swimmer and agree that my river guide has final say on my participation at Husum Falls.

I understand the risks, hazards, and dangers of rafting and have had the opportunity to discuss them with **ZOLLER'S OUTDOOR ODYSSEYS, INC.**

Waiver, Release and Indemnification

In consideration for this minor being permitted by **ZOLLER'S OUTDOOR ODYSSEYS, INC.** to participate in the activities of rafting which include, without limitation, the use of its services, and equipment, I agree to the following waiver, release and indemnification:

The undersigned parent, guardian, or custodian of the this minor, for himself/ herself and on behalf of said minor, hereby joins in foregoing Waiver and Release and hereby stipulates and agrees to save and hold harmless, indemnify, and forever defend **ZOLLER'S OUTDOOR ODYSSEYS, INC., THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM AND** against any claims, actions, demands, expenses, liabilities (including reasonable attorneys' fees), and NEGLIGENCE made or bought by said minor or by anyone on behalf of said minor, as a result of said minor's participation in the activities of **ZOLLER'S OUTDOOR ODYSSEYS, INC.** and his or her use of the property and facilities of **ZOLLER'S OUTDOOR ODYSSEYS, INC.** I, for myself and on behalf of said minor, agree not to sue **ZOLLER'S OUTDOOR ODYSSEYS, INC.** as a result of any injury, paralysis, or death that said minor suffers in connection with his/her participation in the activities of **ZOLLER'S OUTDOOR ODYSSEYS, INC.**

I also grant **ZOLLER'S OUTDOOR ODYSSEYS INC.,** permission to photograph this activity. I UNDERSTAND THAT THESE PHOTOGRAPHS MAY BE AVAILABLE TO PURCHASE AS WELL AS USED IN PROMOTIONAL ENDEAVORS.

This Agreement shall be governed by and construed in accordance with the laws of the State of Washington and venue of any action relating to this release shall be in Klickitat County, Washington.

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Signature and **Address & Phone** of Responsible Adult

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Date

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Print Name of Minor

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Print Name of Minor

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Print Name of Minor

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