

Guest Health and Information Form – Ouzel Outfitters

PLEASE RETURN THIS FORM TO OUR OFFICE AT YOUR EARLIEST CONVENIENCE

Please take time to fill out this form completely. We use the information you provide to make your trip as safe and enjoyable as possible. One form per participant please. All information is confidential. You may fax this form to 541-385-0461.

Reference # (from invoice) _____ Trip _____ Trip Date _____

Name of Participant: _____ Age _____ Ht _____ Wt _____ DOB: _____

If minor, name of custodial parent _____

Street Address _____ City _____ State _____ Zip _____

Phone (Day) _____ E-Mail _____ Occupation _____

Can you swim? _____ Each overnight guest receives a free T-Shirt (Circle Your Size) Y S M L XL XXL

On rare occasions it is necessary to contact customers the day or evening before a trip. How can we contact you (cell?) or where will you be staying the night before? _____

In case of emergency, notify: (name, address, phone, relationship)

Medical & Dietary Information

Raft trips can at times be exciting and/or strenuous, and therefore are designed and recommended for people in sound physical condition without major medical or health impairments of any kind. Injuries are uncommon but if treatment is required it helps our staff to know the following information.

Bee Sting Allergies

- I have no known bee sting allergy
- I have a bee sting allergy (indicate below)

If you have a bee sting allergy, please describe you last reaction. Do you carry epinephrine?

(We do not carry epinephrine. If you have a serious allergy we strongly recommend that you consult your physician.)

Medication Allergies

- I have no known medication allergies
- I am allergic to the following medication (indicate below)

Food Allergies

- I have no known food allergies
- I am allergic to the following foods (indicate below)

Medications

- I do not require medications
- I require the following medications (please list medications and the reason for taking below)

(For required medications we recommend bringing a back-up supply to be packed and carried in a separate location.)

Medical Conditions

Please list any health or medical conditions that may affect the health or safety of Ouzel staff and guests or might affect your ability to participate in trip activities. (i.e. recent surgeries or injuries, chronic ailments, disabilities, psychological disorders, previous illnesses such as hypothermia or heat stroke, etc..)

- I have no known pertinent previous medical conditions or health issues.
- I have pertinent medical conditions or health issues (please list below)

Dietary Restrictions

Please list any dietary restrictions (not preferences)

Ouzel Outfitters highly recommends trip cancellation insurance and has provided you with a link to Travel Insurance Select in your confirmation letter and/or has sent you a brochure along with this form. Please acknowledge that you have received this information. I have received this information. I have NOT received this information.

Camping Equipment: As part of your trip fare, tents (sleeps two or four), sleeping bags and pads are included. Please indicate below the preferences and quantities needed for your group. If left blank we will provide each person with a sleeping bag and pad and one tent for every two people in your group. You are welcome to bring your own camping equipment.

PLEASE PROVIDE ME WITH...

- _____ Outfitter Tents (sleeps 2)
- _____ Family Sized Tents (sleeps 4)
- _____ Sleeping Bags
- _____ Sleeping Pads

- I don't need any camping gear because I am bringing my own.
- My camping gear preferences are on someone else's form.

Vehicle Information

It is helpful to know which vehicles belong to our guests. **For 3-Day Deschutes and all John Day trips, we must have this information**

Year _____ Make _____

Model _____ Color _____

License # _____ State _____

Ouzel is not responsible for damage or theft to or from your vehicle while unattended during a trip.

Please do not leave valuables in your vehicle.

RETURN TO:

Ouzel Outfitters

PO Box 817 Bend, OR 97709

Fax

541-385-0461

QUESTIONS?

800-788-7238

info@OregonRafting.com

Section 1 I, the undersigned, as a participant on an Ouzel Holding, Co., Inc. (dba) Ouzel Outfitters (hereafter referred to as "Ouzel") trip, have been informed that Ouzel makes every reasonable effort to safeguard me, my family, and my (our) belongings. However, by reading and signing this document, I acknowledge and appreciate that during the river trip or tour and related activities in which I am participating with Ouzel and its agents, employees or associates, certain risks and dangers exist which are inherent in river running, associated activities and wilderness travel. I acknowledge and appreciate that these risks include but are not limited to loss or damage to personal property, personal injury or fatality to myself, my spouse, family members or friends. **Damage to or loss of property, personal injury or fatality may occur due to** the capsizing of a raft, kayak or other water craft; collision of a raft, kayak or other water craft with a vehicle, bridge, other water craft, rock, log, tree, or other object in the river or on shore; falling into or from a raft, kayak or water craft, or falling while hiking or walking on shore on and off established trails and paths; water damage due to leaking bags or other containers; illness caused by waterborne parasites or insect or animal borne bacteria and viruses; exposure to temperature extremes or inclement weather; immersion in cold water and hypothermia (significant loss of body heat); prolonged submersion or entrapment in or under the water due to a rock, tree, water craft, loose equipment, river current or other object in the water; collision while swimming in swift or calm water with a rock, tree, water craft or other manmade or natural object in the water or on shore. Damage to or loss of property, personal injury or fatality may also occur due to vehicle accident while riding in vehicles operated by Ouzel, its agents, employee or associates. I also acknowledge and appreciate that delay of advanced medical care in the event of accident or illness in remote places without medical facilities, physicians or nurses is inherent in the activities in which I am participating with Ouzel. I further acknowledge that emergency electronic communication devices (satellite phones) are **NOT** carried

Deschutes, McKenzie and North Umpqua River trips.

In consideration of and as part of payment for the right to participate in Ouzel trips or tours and the services and meals arranged for me by Ouzel and its agents and associates, I certify that I have the necessary skills and ability to participate in this activity, and do voluntarily participate in this river trip and the related activities with knowledge of the dangers and risks involved, as stated above. By my signature below, I accept and assume responsibility for myself or a minor for whom I have legal guardianship, for injury, death and/or loss of or damage to personal property and expenses thereof as a result of my participation in this activity except to the extent such damage or injury may be due to the gross negligence of Ouzel. I hereby agree to assume all responsibility for myself, my property and those for whom I have legal custody and hereby release and discharge Ouzel and its officers, directors, stockholders, employees, representatives, sub contractors and agents from all claims, demands, and rights or causes of action for injuries or damages of any description which may occur as a result of my participation on this Ouzel trip. If I am signing this agreement on behalf of another person, I certify that all representations are true with respect to the participant and that I am the participant's legal guardian with full authority to bind that person to the terms of this agreement.

Section 2. Ouzel and/or its associates and employees act only as agents for the client in making arrangements for trips and/or travel services with common carriers or other outfitters and/or guide services, for vehicle shuttle services, and for carpools among various trip members, and accepts and assumes no liability or responsibility whatsoever for any damages, injuries, fatalities, losses, or delays due to any cause whatsoever, whether to person or property in connection with such services and/or arrangements. Ouzel shall not be held responsible for any act, omission, or event during the time participants are aboard airlines, trains, buses, vans, or other common carriers or private passenger cars which are not operated by Ouzel and each trip member hereby agrees to release Ouzel from any and all liability in connection therewith.

Participants are strongly advised to have personal medical insurance, along with baggage and camera insurance. It is understood that if emergency evacuation should become necessary, the expenses are the sole responsibility of the participant and not that of Ouzel. Ouzel is not responsible for the safety and security of client vehicles or personal property left in vehicles during the course of any Ouzel trip or related activity. Ouzel reserves the right to accept or decline service to any person.

Section 3. I hereby agree to permit Ouzel employees and other guests to take photographs and make film records of the trip without further recourse or compensation to me. I understand and agree that such photographs and/or film records may be used for commercial and/or promotional purposes.

I HAVE CAREFULLY READ ALL SECTIONS OF THIS DOCUMENT AND FULLY UNDERSTAND THE CONTENTS OF EACH. I AM AWARE THAT THIS AGREEMENT CONSTITUTES AN ASSUMPTION OF RISK AND CONTRACT BETWEEN OUZEL AND/OR ITS AFFILIATED ORGANIZATIONS AND MYSELF. I SIGN OF MY OWN FREE WILL ON MY BEHALF OR ON BEHALF OF PARTICIPATING MINORS FOR WHICH I HAVE LEGAL CUSTODY.

NAME OF PARTICIPANT _____ D.O.B. _____ TRIP DATE _____

SIGNATURE _____ DATE _____

Minor participants can sign here, but parent or legal guardian must sign below.

NAME OF LEGAL GUARDIAN SIGNING FOR MINOR LISTED ABOVE _____

SIGNATURE OF GUARDIAN _____ DATE _____