

~ GUIDES & OUTFITTERS SINCE 1973 ~ CANADA ¥ MAINE ¥ AMERICAN SOUTHWEST ¥ ARCTIC ¥ INTERNATIONAL

¥ PERSONAL INFORMATION & TRIP AGREEMENT ¥

TRIP DATES:/ to	// *RATE:	\$ per trip
RIVER:	() Private party?_	
Name:		
Address:		
(street)	(city)	(state) (zip)
Telephone: (home)		
Fax:	E-mail:	
Date of Birth:/	Occupation:	
(mo.) (day) (year)		
(If participant is under 18, complete the next		
Parent or GuardianOs name:		
Address - ParentOs:	(Calcal) (
Telephone -ParentÕs: ()	(SC1001) (_)
Have you any illness, allergies, physical diparticipation? If so, describe: Are you currently under medical treatme		
Do you have any dietary restrictions or p	references?	
TRAVEL ARRANGEMENTS: (Please co	onfirm all specifics; meeting place, mean	s of transportation, times, etc.)
Meeting Location:		
Arrive Via; Time:	* Depart Via	; Time:
Flight # Routing;	*Flight #	Routing;
Where did you hear about Sunrise?		
n case of illness or emergency, notify:		
name of miles of effective, floury.)	









PARTICIPANT AGREEMENT; RELEASE & ACKNOWLEDGMENT OF RISK

In consideration of the services of NOR THERN LOGISTICS, L.L.C. DBA SUN RISEINTERNATIONAL & SUNR ISE COUNTY CANOE EXPEDITIONS, their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SUNR ISE."), I hereby a gree to release and discharge SUNRISE., on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I a ckn owledge that boating on rivers entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risk include a mong other things: Traveling down rivers and lakes in open cances or inflatable rafts, hiking or otherwise negotiating mountainous and /or forested terrain, accident or illness in remote places without medical facilities, for ces of nature and travel by air, truck, auto, or other conveyance. You can be jolted jarred, bounced, thrown to and fro and shaken about during rides through some of these rapids. It is possible that you could be injured if you come in contact with food boxes, other storage containers, or fixed equipment necessary to the operation of the expedition and out fitting of the boats. Boats could turn over or you could be was hed overboard. You can slip or fall during ahike, resulting in damage to equipment or personal injury. Exposure to the natural elements can be uncomfortable and/or harmful. You should be aware that this exposure could cause sun burn, dehydration, heat exhaustion, heat stroke, and heat cramps. Also prolong exposure to cold water can result in hypothermia and in extreme cases death. Accidental drowning is also a possibility.

Fur thermore, SUNRISE guides have a difficult job top erform. They seek safety, but they are not infallible. They might be ignorant of a participant's fitness or abilities. They might mis judge the weather, the elements, or the terrain. They might give inade quate warnings or instructions, and the equipment being used might mal function.

- 2. Lexpressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and Lelect to participate in spite of the risks.
- 3. Should SUNR ISE or anyone acting in their behalf, be required to incur attor ney's fees and cost to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. The Venue of any dispute that may arise out of this agreement or otherwise between the parties to which SUNRISE or its agents is a party shall be either the Bangor, Maine Justice Court or the County or State Supreme Court in Penobs cot County.
- 4. It certify that I have ad equate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. If urther certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume -- and bear the cost of -a Il risks that may be created, directly or indirectly, by any such conditions, including evacuation.

I HA VE READTHE ABOVEW AIVER AND RELEASEAND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVEN ORTHERN LOGISTICS, L.L.C./SUNRISE, FROM LIABILITY FOR PERSONAL IN JURY, PROPERTY DAMAGEORWRONGFULDEATH CAUSEDBYNEGLIGENCEOR ANY OTHER CAUSE.

ignature of Participant:
rintName:
Address:
Date:
PAR ENT'S OR GUARDLAN'S ADDITIONALINDE MNIFICATION (Must be completed for participants under the age of 18)
n consideration of(p rint minor's name) ("Minor") being permitted by SUNR ISE to
ar ticipate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless UN RISE 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.
ar ent or Guardian Signature:

* PLEASE NOTE *

Sunrise International & Sunrise County Cance Expeditions, in conformance with the specific dictates of its liability insurance coverage, as well as the accepted safety standards of the professional whitewater guiding industry, requires that all participants wear Personal Flotation Devices (e.g. "life vests") at ALL times on the water. SUNRISE regulations also prohibits the consumption of alcoholic beverages while on water. By signing below the participant acknowledges these specific company policies and agrees to abide by them; further acknowledging that violation of these two regulations may invalidate all liability and/or medical insurance covering SUNRISE and its clientele.

_____ Sign*a*ture

PHOTO RELEASE (OPTIONAL)

Pictures taken on our trips may be published in books, magazines, or other publications, either for editorial purposes, as elements in the continuing campaign to save our wild places, or in conjunction with publicizing SUNRISE. If you have no objection, please sign this release. In any event, your privacy will be respected. Thanks.

Image Release: I hereby grant and convey to SUNRISE and its administrators, affiliates, licensees, successors or assigns, all right, title, and interest in and to any photographs bearing my likeness, which may be taken of me by SUNRISE or its representatives. I further grant to SUNRISE or its representatives the right to use such likeness for any legitimate and lawful purpose.

Date Signature

CANCELLATION & REFUNDS

Unless otherwise specified, a deposit of one-third is required to reserve time and equipment

0 - 59 days prior to trip - deposit non-refundable

60 - 89 days - 35% deposit refundable

90 days or more - 75% refundable

Trip balances are due in our office 21 days prior to trip departure (non-refundable) Sunrise reserves the right to cancel any trip, with full refund, due to forces of nature beyond our control, or in the event that less than SCCEÕs required number of clients have signed up for a particular trip. (In the latter case we may offer participants the option of paying a surcharge to take the trip.) Refunds may not be payable due to acts of declared or undeclared war and /or terrorism. Trip "no shows", or those leaving a trip early on their own accord will not receive a refund of either deposit or balance of payment.

** TRIP NSURANCE **

We recommend that you protect yourself and your baggage with a short term traveler Os insurance policy, available through Travelex. Baggage is carried entirely at owner Os risk. Trip cancellation insurance will also cover your losses on non-refundable air and land costs on trips cancelled due to illness.

PARTICIPATION OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT **READ BEFORE SIGNING**

Organization Name: <u>NORTHERN LOGISTICS</u>	<u>5, LLC, DBA: SUNRI</u>	<u>SE IN TERNATIO</u>	<u>NAL</u>
Participant Name:			
In Consideration of being allowed to participat activities, I the undersigned, acknowledge, app	e in any way in the p reciate, and agree th	orogram, related at:	events and
1. The risk of injury from the activities involve tial for permanent paralysis and death.	d in this program is	significant, includ	ling the poten-
2. I KNOWINGLY AND FREELY ASSUMEAI ING FROM THE NEGLIGENCE OF THE RELI my participation.	LL RISKS, both know EASEES or others, an	vnand unkn <i>o</i> wn id assume full re	,EVENIF ARIS sponsibility for
3. I willingly agree to comply with the terms a unusual significant hazard during my presence tion and bring such to the attention of the near	nd conditions fro par e or participation, l w est official immediate	rticipation. If I ol vill remove mysel ely	oserveany f from participa
4. I, for myself and on behalf of my heirs, assigned RELEASE, INDEMNIFY, ANDHOLD HARM SUNRISE INTERNATIONAL, it officers, off sponsors, advertisers, and, if applicable, owner (RELEASEES), from any and all claims, demand INJURY, DISABILITY OR DEATH I may suffe ARISING FORM THE NEGLIGENCE OF THE permitted by law.	icials, agen's and /or s and lessors of pren ds, losses, and liabili	employæs, othe nises used to con ity arising out of	rparticipants, duct the event or related to an
I HAVE READ THIS RELEASE OF LIABILITY FULLY UNDERSTANDITÕS TERMS, UNDE RIGHTSBY SIGNINGIT, AND SIGNIT FREE INDUCEMENT.	RSTANDTHATIHA	AVE GIVEN UP S	SUBSTANTIAL
X			
Participan tÕs Signature		Age	Date
FOR PARENTS/GUARDIANS OF PARTICIPAREGISTRATION) This is to certify that I, as parent/guardian with			
This is to certify that I, as parent/guardian with and agree to his/her release as provided above and next of kin, I release and agree to indemnitiability incidents to my minorchildÕs involve above, EVEN IF ARISING FROM THE NEGLIS permitted by law.	e all the Releasees, and fy and hold harmless mentor participation GENCE OF THEREI	d , for myself, m s the Releasees fr in these progran LEASEES, to the i	y heirs, assigns, om any and all ns as provided fullest extent
X			
Parent/Guardian Signature	Date	Emergen	cy Phone#Ōs

PERSONAL GEAR OPTION LIST

NAME:
I am bringing the following items of personal gear:
Tent
Paddle
PFD
Personal packing gear /river bags/etc
Noneof the above
Any special needs?
Notes/Explanations
If we are providing PFD:
Approximate vest size: (S,M,L,XL)
Weight

Please return this form with the Personal Information and $Tri\!p$ Agreement form.