

Wading Women Acknowledgement of Risk

In consideration of the services of Wading Women, their owner Simone Lipscomb, agents, employees, and guides, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "Wading Women") I agree as follows:

Although Wading Women has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, Wading Women has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. Wading Women does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks:

Drowning, sudden weather changes, rain, snow, wind, hail, lightning, my physical condition and physical exertion for which I am not prepared, hypothermia, hyperthermia, dehydration, heat stroke, motion sickness, snake bite, bees and other insects, wild and domestic animals, such as bears, distance and inaccessibility to immediate medical attention, travel over rough terrain, falling rocks, turbulent and dangerous river conditions, falling from watercraft, slipping on rocks or roots, and my or another participant's acts or omissions, which could result in injury, death, illness, or disease, physical or mental, or damage to myself or to my property.

I am aware that hiking, wading, boating, and fly fishing entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of Wading Women has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified and as a result of my negligence in participating in this activity.

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending this activity or trip, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, guide, outfitter, volunteers, participants and their families on this activity/trip.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives and estate and for all members of my family, including minor children.

Signature _____ Printed Name _____

Date _____

Signature of Parent of Guardian if participant is under 18 years of age:

Signature _____ Printed Name _____

Date _____