

**NoahsRafting.com**

School Groups

***NOAH'S RIVER ADVENTURES***

**P.O. BOX 11, ASHLAND, OR 97520  
541.488.2811 e.mail: noahs@mind.net**

**PERSONAL LIABILITY AND EMERGENCY MEDICAL TREATMENT FORM**

**Name of Student**

\_\_\_\_\_

**Home  
Address**

\_\_\_\_\_

**Phone \_\_\_\_\_ Date of  
Birth \_\_\_\_\_**

**Name of School  
Group**

\_\_\_\_\_

**Name/Date of  
Activity**

\_\_\_\_\_

**Advisor(s) in  
Charge**

\_\_\_\_\_

This is to certify that \_\_\_\_\_ has my permission to attend the above named activity. I also absolve and release the school, its staff or agents, Noah's River Adventures, their owners, employees and agents, the U.S. Forest Service, the Bureau of Land Management and the U.S. Government from any claims for personal injuries or illness which might be sustained or incurred while he/she is in route to, from or during the above named activity.

I authorize the above named advisor(s) or Noah's River Adventure personnel to secure the services of health care providers, health care facilities and emergency medical transportation as needed. I will incur the expenses for necessary services in the event of injury or illness and provide for the payment of these costs.

We at Noah's River Adventures are proud of our excellent safety record and procedures. We do everything possible to make each and every trip safe and accident free. However, participants, parents or guardians of participants, student advisors and supervisors should understand that there are risks involved which you must assume in order for him/her to participate.

Noah's River Adventures, it's owners, employees or agents cannot be held responsible for injury or illness, loss or damage of personal property or any other costs or expenses incurred or resulting from any such occurrence while on or associated with this activity. The undersigned hereby assumes for their child all such risks inherent to this type of activity, whether known or unknown.

**Parent or Guardian Signature**

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**Students Signature**

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Special Medical Information

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Known Allergies

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Medication presently being taken

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**Acknowledgment: Advisors Signature**

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**Acknowledgment: School Officials Signature**

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