

WildThing JetBoat - Adult

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the Colorado Jetboats LLC, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CJB"), I hereby agree to release, indemnify, and discharge CJB, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative, and estate as follows:

1. I acknowledge that my participation in Guided Jet Boat Tours Activities entails known and unanticipated risks that 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 risks include, among other things: slips and falls; accidental drowning; boat capsize and entrapment; travel in remote areas; collision with objects or other watercraft; rapidly changing adverse weather and water conditions; watercraft is slippery when wet and accidents can occur getting on or off; exposure to the elements of the outdoors and natural surroundings which could cause cold water shock, hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, or dehydration; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; aggressive and/or poisonous marine life; passengers can be jolted, jarred, bounced, thrown about and otherwise shaken during rides; equipment failure; collision with fixed or movable objects; accidents or illness can occur in remote places without medical facilities; transmissible pathogen or disease; my own physical condition, and the physical exertion associated with this activity. Additionally, fatigue, chill and/or dizziness may diminish my/our reaction time and increase the risk of an accident.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. Additionally, I agree to wear a U.S. Coast Guard approved personal flotation device (life jacket) while participating in this activity.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CJB from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CJB's equipment or facilities, **including any such claims which allege negligent acts or omissions of CJB.**
4. Should CJB or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate 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. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against CJB, I agree to do so solely in Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CJB on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at CJB. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

'Adult Participant'
Name: _____

'Adult Participant'
Date of Birth: _____

'Adult Participant'
Signature: _____

Date: _____

Email: _____

Phone: _____

Street Address: _____ City: _____ State: _____ PostalCode: _____