QUEST EXPEDITIONS, INC.

PARENT/GUARDIAN PERMISSION AND WAIVER AND RELEASE OF LIABILTY FORM This form to be used for minors (17 years old and under) only.

I hereby grant permission for my childbiking, kayaking, camping, canoeing, bus transport premises of Quest Expeditions, Inc. on (date)	tation, van transportation	
I fully understand and acknowledge that: (a) risk kayaking, camping or canoeing equipment and my canoeing activities and in loading and unloading or my child's participation in such activities and/or us damage to personal property; (c) these risks and da by the forces of nature or other causes. Risks and dincluding, but not limited to, selection of trail or riva raft, kayak, or canoe, cold shock, hyperventilatio dangers that are integral to recreational activities the environment and in transportation to and from recreacident, rescue and medical treatment may not be risks and dangers.	child's participation in ranto and being transported se of such equipment mayingers may be caused by clangers may arise from fover route, water level, wen, hypothermia, or drown hat take place in a wildern teational activity sites. I univities take place is always	afting, biking, kayaking, camping or to recreational sites by bus or van; (b) result in injury or illness or death or other participants, or by accidents, or reseeable or unforeseeable causes ather conditions, risks of falling out of ing, and such other risks, hazards and ness, outdoor or recreational nderstand that communication in the s difficult and, in the event of an
I have been advised that my child must wear an water. I affirm that my child will not be under the i use, or consume these substances before or during	influence of alcohol or co	ntrolled substances, and will not carry
My child is in good health and is at or above the each activity in which he/she will participate. I und my child has no known physical disabilities or head in the activities. I, on behalf of my child, myself, no agree to release, waive, discharge, hold harmless, of Service, the Tennessee Valley Authority, the Unite Outfitters Association and their owners, agents, of losses for bodily injury, property damage, wrongfur in any way connected from my child's use of white whitewater recreation area of the Ocoee River or property and bus or van transportation to and from sites for understand that I am releasing, discharging and was presently or in the future for the negligent acts or of Quest Expeditions, Inc., the U.S. Forest Service, the State of Tennessee and the Ocoee River Outfitt I permit the use of any photos, slides, films or skeep the state of the understand that I am releasing, discharging and was presently or in the future for the negligent acts or of Quest Expeditions, Inc., the U.S. Forest Service, the State of Tennessee and the Ocoee River Outfitt	derstand that strenuous phelth problems, which will play personal representative defend and indemnify Queed States Government, the ficers, guides and employed death, loss of services of ewater rafting equipment, articipation in whitewater participation in these recriving any claims or action other conduct by the owned the Tennessee Valley Authors Association.	est Expeditions, Inc., the U.S. Forest estate of Tennessee, the Ocoee River ees from any and all claims, actions or otherwise which may arise out of or and/or my child's use of the rafting activities incidental thereto reational activities. I specifically insthat I or my child may have ers, agents, officers, or employees of aority, the United States Government, during the day's activities for publicity
advertising, promotion or other commercial purpos successors, assigns, administrators and executors.	se. The above agreement	shall be binding on my heirs,
I HAVE READ THE ABOVE AND BY SIGNING FOR MY CHILD TO PARTICIPATE IN QUEST E CAMPING, OR CANOEING ACTIVITIES AND T ACTIVITES, AND TO ASSUME AND ACCEPT A	EXPEDITIONS, INC. RAI RANSPORTATION TO A	FTING, BIKING, KAYAKING, AND FROM PLACES FOR SUCH
Group Name (if applicable):		
Mother's Name (print):Father's Name (print):	SignatureSignature	
Street and Apt. Address:City:	State:	
Child's Name:		
Does your child have any medical conditions we sl		

X Child's Signature: