



**PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION  
OF RISK AGREEMENT**

**\*\*\*READ BEFORE SIGNING and/or PAYING FOR THIS  
ACTIVITY\*\*\***

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF Aventuras Panama, S. A. or Adventures Panama, Inc., its owners, associates, agents and employees, hereby referred as THE RELEASEES, and assume full responsibility for my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives, conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property.

I am fully aware and accept the following:

- The activity of white water rafting and kayaking is an inherently dangerous sport because it involves subjecting the participants to a fast-moving river in an unpredictable natural setting.
- There won't be access to any form of phone or radio communications during present journey.
- Aventuras Panamá, S. A. does not cover my participation with any kind of insurance.
- There is a slight chance of improvising overnight camp.
- By participating in this activity I grant Aventuras Panama rights to use pictures or videos, where I might show up, taken during the activity at its sole discretion.
- Mamoni White Water Rafting (or Kayaking) is recommended only for adults.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY AND UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I ALSO UNDERSTAND THAT I SHOULD NOT AND MAY NOT PARTICIPATE IN THIS ACTIVITY IF I AM UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR IF I SUFFER FROM ANY CONDITION THAT MIGHT REPRESENT A DANGER TO MY HEALTH.

DATE

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PARTICIPANT'S OR GUARDIAN'S (in case of minors) PRINTED NAME

\_\_\_\_\_

Participant's or Guardian's Signature

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EMERGENCY CONTACT NUMBER

\_\_\_\_\_

**Minors are allowed to participate in this activity as long as their Guardian authorizes their participation under the same Terms and Conditions described in this document.**

**The authorizing Guardian signing this document testifies and acknowledge with his/her signature that he or She is or has been granted Legal Custody to act as the minor(s) Legal Guardian for this activity. Minor(s) name(s):**

Minor(s) name(s) :

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