

## ACKNOWLEDGEMENT AND REFUSAL OF MEDICAL TREATMENT OR EVACUATION

I	, hereby contractually agree and acknowledge as follows:							
1.	On, I was info LLC, Grand Canyon Raft Acin their p	rmed bylventures, and Arizo rofessional	, trip leadena Raft Adventures, lijudgment,	er for Gra LLC, d/b/ that	and Canyor 'a AzRA (". I		very, that ould	
2.	I am hereby expressly refusing and mine alone, and that the result from my decision.  consequences of my choice to evacuation, and to continue of	ere may be serious I expressly acknow to disregard AzRA'	consequences, includ ledge and <b>legally a</b>	ing injury ssume al	y and death I <b>l risks, d</b> a	n, that cangers,	ould <b>and</b>	
3.	3. I represent that I am physically and mentally capable of understanding and assuming the risk as set forth above. I specifically and expressly agree that it is my sole responsibility to evaluate and assume the risk posed by my decision to disregard the professional advice of AzRA.							
	VE CAREFULLY READ						ITS	
CON	TENTS. I AGREE TO BE FU	JLLY BOUND BY	THE TERMS OF TI	HIS AGR	EEMENT.	<u>•</u>		
Signature		Printed Full Name		Date				
If sign	ing on behalf of a minor, print	ed full name of mino	r Participant:					

Arizona Raft Adventures Grand Canyon