

2020 Covid Statement of contact

People that are considered “high risk” as defined by the CDC (Center for Disease Control), including those 65 years and older, or whom have underlying medical conditions, should seriously consider the additional risks inherent in their participation in the Activity conducted by Nate’s Rogue Adventures.

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Addendum to Participant Acknowledgement of Nate’s Rogue Adventures LLC

I expressly acknowledge that naturally occurring diseases and viruses (including, but not limited to, the currently widespread COVID-19) may be present and actively occurring in all environments in which this activity will take place. I acknowledge that, Nate’s Rogue Adventures, its agents, owners, officers, volunteers, participants, sister or subsidiary corporations, employees, sales agents, subcontractors and all other persons or entities acting in any capacity on their behalf (hereinafter collectively “The Company”), has taken steps to mitigate the potential for transmittal of, and exposure to such viruses or communicable diseases between individuals and The Company staff participating in the Activity, that exposure to such viruses or disease is an inherent risk of participating in the Activity, one that cannot be eliminated by The Company. As such, I expressly acknowledge and agree that it is ultimately my decision to participate notwithstanding that risk, and that I am responsible for mitigating my own risk of exposure to such viruses or disease.

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I affirm that, within 14 days of the start of my trip, I will inform The Company if I:

1. Develop a new fever of 100.4 or higher, or a sense of having a fever.
2. Develop a new cough that cannot be attributed to another health condition.
3. Develop shortness of breath that cannot be attributed to another health condition.
4. Develop a new sore throat that cannot be attributed to another health condition.
5. Experience muscle aches that cannot be attributed to another health condition, or that may not have been caused by a specific activity such as physical exercise.
6. Come in contact with an individual who has been ill with respiratory complaints or fever, or who I know has tested positive for COVID-19.
7. Have been diagnosed with COVID-19.
8. Have tested positive for COVID-19 antibodies.

Immediately prior to leaving on my tour and each day of the tour, if applicable, I consent to have my temperature measured by a staff member of The Company.

By signing this document, I acknowledge for myself and any minor for whom I am responsible that if anyone is hurt or property is damaged during my participation in this activity, I/we may be found

by a court of law to have waived my/our right to maintain a lawsuit against The Company on the basis of any claim from which I/we have released them herein.

I/WE HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I/WE HAVE READ AND UNDERSTOOD IT, AND I/WE AGREE TO BE BOUND BY ITS TERMS.

Participant Signature: _____ Printed Name: _____

_____ Age: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Country: _____ Phone: _____

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Parents or Guardians Additional Indemnification and Signature (Must be completed for participants under 18 years of age)

I/we represent that I/we have complete and absolute authority to bind, contract for and legally act on behalf of the minor child listed below; I/we believe and represent that I/we have the legal authority to make the waivers and releases contained herein. I/we understand and acknowledge that ROW relies to its detriment on this representation. In consideration of my child or ward (Minor) being permitted by ROW to participate in its programs or activities, I further agree to indemnify (in other words, I agree to pay for...) and hold harmless ROW from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Participant Signature: _____ Printed Name: _____

_____ Age: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Country: _____ Phone: _____

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Adventures.

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