

**Addendum to Participant Agreement And Acknowledgement of Risk
for OutRecX LLC dba Oregon River Experiences**

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, Oregon River Experiences, its agents, owners, officers, volunteers, participants, 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.

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 Oregon River Experiences.

I affirm that, within 14 days of the start of my trip, I will inform Oregon River Experiences 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.

**OutRecX^{LLC} dba Oregon River Experiences
16869 65TH Ave. #251 Lake Oswego, OR 97035 (503) 563-1500**

I agree to follow procedures that Oregon River Experiences provides in regards to sanitation, social distancing and other related actions taken to reduce the possibility of COVID-19.

If at any point during the tour I begin to experience any cold or flu-like symptoms (to include fever, cough, sore throat, respiratory illness, difficulty breathing), I will inform the Tour Guide immediately. I understand that I may then be asked to leave the trip at the sole discretion of the Tour Guide and that in such case no refund will be available. I also acknowledge that my evacuation may be impossible and I may be given other instructions to follow by the Tour Guide and I agree to follow all instructions I may be given.

I agree to be fully liable for pay any losses associated with my failure to report symptoms during a trip or to honestly answer this questionnaire that then result in the infection of fellow travelers, ORE employees, or any other person I come in contact with on the tour. I agree to indemnify and hold harmless OutRecX LLC dba Oregon River Experiences and its related companies, employees, agents and assigns against any and all claims made against it based on my actions, and/or omissions related to this disclosure.

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: () _____

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

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authority to make the waivers and releases contained herein. I/we understand and acknowledge that Oregon River Experiences relies to its detriment on this representation. In consideration of my child or ward (Minor) being permitted by Oregon River Experiences to participate in its programs or activities, I further agree to indemnify (in other words, I agree to pay for...) and hold harmless Oregon River Experiences 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: _____

CUSTOMER VERBAL SYMPTOM CHECK

1. Have you recently experienced any of the following symptoms?
 - Fever (100.4°F/38°C or higher) or chills.
 - Cough that you cannot attribute to another health condition.
 - Shortness of breath or difficulty breathing that you cannot attribute to another health condition.
 - Sore throat that you cannot attribute to another health condition.
 - Muscle aches that you cannot attribute to another health condition, or that may not have been caused by a specific activity (such as physical exercise)
 - Loss of taste or smell.
2. Have you been in contact with an individual who has been ill with flu-like symptoms in the last 14 days?
3. Have you been diagnosed with COVID-19 in the last 30 days?
4. Have you been tested for COVID-19?
5. Have you been tested for COVID-19 antibodies?

Address: _____

E-mail: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: () _____

CUSTOMER VERBAL SYMPTOM CHECK

ALL TRIPS: Guests will be required to complete the verbal symptom check upon meeting for the trip.

DAY TRIPS: Guests will required to complete verbal symptom check upon booking of reservation and upon trip meeting.

MULTIDAY TRIPS: Guests will required to complete verbal symptom check upon booking of reservation, 7, & 3 days prior, also upon trip meeting and during trip.