Addendum to Participant Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement World Wide River Expeditions

I expressly acknowledge that this "Addendum" is an addition to the "Participant Release of Liability, Waiver of Claims, Assumption of risks and Indemnity Agreement with World Wide River Expeditions that I have previously signed.

I expressly acknowledge that exposure to pathogens and viruses, both airborne and surface transmittable, including but not limited to contraction of noroviruses, coronaviruses, hantavirus, COVID-19 and subsequent mutations and strains, which, while they seem open and obvious, also have inherent risks associated with them. I acknowledge that World Wide River Expeditions, its agents, owners, officers, volunteers, participants, parent corporation including specifically but not limited to Raft Moab, Inc., 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.

I affirm that I will inform The Company if I, or anyone in the group I am responsible for, have or have had any of the following during the past 5 days:

1. **A new fever of 100.4 or higher, or a sense of having a fever.**
2. **A new cough that cannot be attributed to another health condition.**
3. **Shortness of breath that cannot be attributed to another health condition.**
4. **Sore throat that cannot be attributed to another health condition.**
5. **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. **Vomiting or nausea that cannot be attributed to another health condition.**
7. **Travel within an area identified as a COVID-19 "hot-spot."**
8. **Been in contact with an individual who has been ill with respiratory complaints or fever, or who I know has tested positive for COVID-19.**
9. **Have been diagnosed with COVID-19.**
10. **Have tested positive for COVID-19.**

Immediately prior to leaving on my 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_____

Email:_____ Address:_____

City:_____ State:_____ Postal Code:_____

Date of Birth:_____ / _____ / _____ Phone:_____ Today's Date:_____ / _____ / _____

(Parent or Guardian additional signature require for Minors on back page)

Parents or Guardians Additional 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 authority to sign this Agreement. I/we understand and acknowledge that The Company relies to its detriment on this representation/agreement. In consideration of my child or ward ("Minor") being permitted by The Company to participate in its programs or activities, I further agree to hold harmless The Company and assume all risks from any/all claims which are brought by, or on behalf of Minor, and which are in any way connected with Minor's use or participation.

Minors Names (Can be an attached list):

(If different from above)

Group Leader Signature:_____ Printed Name_____

Date:_____ / _____ / _____ Email:_____ Phone:_____

Address:_____ City:_____

State:_____ Postal Code:_____