



California Whitewater Rafting  
Since 1962

### REQUIRED Parent/Guardian Permission Form for minors (under 18 years) when rafting **WITHOUT** their parent or legal guardian.

**INSTRUCTIONS:** For each unaccompanied minor **COMPLETE and SIGN** the following 2 documents (3 pages total):  
 *this* Parent/Guardian Permission Form (1 page) and,  
 *a second form called: Welcome to Your All-Outdoors Rafting Trip/Release AND Assumption of Risk Form* (2 pages)  
**In ADVANCE** of the trip:  
 Fax, email, or USPS mail copies of both documents to the All-Outdoors business address (addresses at the bottom of this page) **AND**  
**DAY OF TRIP:** **Bring a copy of both documents to the trip and hand them in at check-in.**

Please select your trip itinerary below and write the trip date here: \_\_\_\_/\_\_\_\_/\_\_\_\_

**South Fork American**

Tom Sawyer Float Trip

1-Day:

Lower Gorge  
 Upper Chili Bar

Express:

Lower Gorge  
 Upper Chili Bar

2-Day:

**South Fork/Middle Fork**

2-Day Combo

**Middle Fork American**

1-Day

2-Day

3-Day

**Merced**

1-Day

**Tuolumne**

1-Day

2-Day

3-Day

Combo w/Cherry Creek

**North Fork American**

1-Day

**Kaweah**

1-Day

**North Fork Stanislaus or Goodwin Canyon**

1-Day

**Cal-Salmon**

1-Day

**Cherry Creek**

1-Day

**PLEASE WRITE LEGIBLY**

1. Name of the **Group Organizer** (person's name who reserved the trip):

\_\_\_\_\_

2. My permission is given for (please print minor's name) \_\_\_\_\_

to participate in an All-Outdoors whitewater rafting trip.

**Parent/Guardian Printed Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

3. My permission is given for emergency medical care if I cannot be reached by phone.

Health Plan \_\_\_\_\_

Member ID number \_\_\_\_\_

Known health issues, allergies or medications \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

4. Parent/Guardian Name & phone # (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

**All-Outdoors Whitewater Rafting**

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