Group Registration Form

Group Leader_____

World Wide River Expeditions **Group Name**_____

Dear Guest,

Thank you for choosing **World Wide River Expeditions** for your upcoming rafting vacation. **World Wide** is one of the West's oldest and most experienced rafting companies, with a solid reputation built on service that often exceeds the expectations of clients with regards to luxury, value, adventure, and comfort. Your adventure vacation with **World Wide River Expeditions** will form memories and pleasant experiences that will last forever.

Based on experience and performance, we believe that a rafting vacation is safer than a week's vacation traveling in a car. As a condition of your participation, however, **WE REQUIRE EACH PARTICIPANT TO SIGN THE STANDARD ACKNOWLEDGMENT OF RISK FORM. PLEASE NOTE THAT EACH MEMBER OF THE GROUP, COUPLE, OR FAMILY MUST PRINT AND SIGN THEIR NAME. PARENTS OR A GUARDIAN MUST ALSO SIGN WITH CHILDREN UNDER THE AGE OF 18.** Return this form, with final payment 30 days prior to your trip departure date. A late fee of $25 will be added to your invoice if forms and payment are not received in our office 30 days before your departure date. If your trip is within less than 30 days, return this form and full payment immediately. **DO NOT FAX THESE FORMS!**

We are delighted with the opportunity to serve you and look forward to seeing you on the river.

Sincerely,
World Wide River Expeditions

Please print each adult's name and address. (May be combined if in same household.)

Leader Name	Address	City/State/Zip	Telephone #	AR

Return this form along with signed release forms to:

World Wide River Expeditions
625 Riversands Rd.
Moab, Utah 84532

Please print each participant's name, age, and mark return of signed Acknowledgment of Risk Agreement (AR). Make extra copies as necessary for both the release form and this form.

Remember that each participant must sign their own form and if under 18 have it signed by a parent or guardian.

DO NOT FAX THESE FORMS

Name	Age	AR

Name	Age	AR

If there are any medical conditions or dietary restrictions, please list them below and to whom they apply.

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