

# Adventure Travel Liability Waiver and Release Agreement

Please read this document carefully. By signing this document, you are waiving certain legal rights, including the right to sue.

## 1. Participant Information

Participant Full Name:

Date of Birth (MM/DD/YYYY):

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

## 2. Emergency Contact Information

Emergency Contact Name:

Relationship to Participant:

Emergency Contact Phone Number:

## 3. Acknowledgment of Risks

I wish to participate in the adventure travel activities organized by the provider. I understand that adventure travel activities, including but not limited to hiking, trekking, climbing, rafting, kayaking, camping, and transit to and from activity locations, involve inherent risks. These risks include, but are not limited to:

- Physical injury, illness, or death.
- Extreme and rapid changes in weather conditions.
- Equipment failure or malfunction.
- Accidents or illnesses occurring in remote places without immediate access to medical facilities.
- Negligence of other participants or operators.

I voluntarily assume all risks, both known and unknown, associated with my participation in these activities.

## 4. Release of Liability and Indemnity Agreement

In consideration for being permitted to participate in these activities, I hereby agree to release, waive, discharge, and hold harmless the organizers, guides, employees, and affiliates from any and all liability, claims, demands, or causes of action arising out of negligence, personal injury, property damage, or wrongful death occurring during my participation in the adventure travel activities.

## 5. Medical Declarations and Authorization

I confirm that I am in good health and proper physical condition to participate in these strenuous activities. I have no medical conditions that would endanger myself or others.

In the event of an emergency, I authorize the staff to secure medical treatment on my behalf, and I assume full financial responsibility for such treatment.

## 6. Signature and Acknowledgment

By typing my name and signing below, I certify that I have read this document, fully understand its content, and agree to all of its terms.

Participant Signature:

Date Signed (MM/DD/YYYY):

## 7. Parent or Guardian Signature (If Participant is under 18 years of age)

I certify that I am the parent or legal guardian of the participant named above, and I consent to their participation in the activities and agree to the terms of this waiver.

Parent/Guardian Full Name:

Parent/Guardian Signature:

Date Signed (MM/DD/YYYY):