

Adventure Sports 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. This waiver is required for participation in any adventure sports activities.

1. Participant Information

Full Name:
Date of Birth:
Street Address:
City, State, Zip:
Phone Number:
Email Address:

2. Emergency Contact Information

Emergency Contact Name:
Relationship to Participant:
Emergency Phone Number:

3. Acknowledgment of Risks

I understand and acknowledge that participation in adventure sports (including but not limited to rock climbing, mountain biking, kayaking, white water rafting, ziplining, and trekking) involves inherent risks, hazards, and dangers. These risks include, but are not limited to, physical injury, illness, permanent disability, trauma, or death, as well as damage to personal property. I voluntarily assume all risks associated with my participation in these activities.

4. Liability Release and Indemnity

In consideration of being permitted to participate, I hereby release, waive, discharge, and covenant not to sue the organizers, instructors, guides, employees, and agents from any and all liability, claims, demands, or causes of action arising out of negligence, breach of contract, or any other grounds, resulting in personal injury, accident, illness, or property loss during my participation.

5. Medical Acknowledgment

I certify that I am in good physical health and have no medical conditions that would prevent me from safely participating in these activities. I authorize the staff to obtain medical treatment for me in the event of an emergency.

6. Signature and Acknowledgment

By typing/writing my name below, I acknowledge that I have read this document in its entirety, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue.

Participant Signature (Print Name):
Date:

Parent or Guardian Consent (If Participant is under 18)

I am the parent or legal guardian of the minor named above. I have read this waiver and consent to their participation under the terms outlined above.

Parent/Guardian Signature (Print Name):
Relationship to Minor:
Date: