



**WELLNESS THROUGH ADVENTURE, LLC**

**WAIVER AND RELEASE OF LIABILITY – READ BEFORE SIGNING**

I, \_\_\_\_\_, hereby state that I wish to participate in activities offered by Wellness Through Adventure, LLC. I recognize, that any outdoor activity may involve certain dangers, including but not limited to the hazards of traveling in mountainous terrain, accidents or illness in remote places, force of nature, and the actions of participants and other persons.

I am aware that Wellness Through Adventure, LLC's outdoor activities entail risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to personally assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

In consideration of and as part payment for the right to participate in the activities offered by Wellness Through Adventure, LLC, I agree to RELEASE, HOLD HARMLESS AND INDEMNIFY Wellness Through Adventure, LLC and its members and employees from any and all liability claims and causes of action arising out of or in any way connected with my participation, or the participation of any minor that I am signing on behalf of, in any activities offered by Wellness Through Adventure, LLC. This includes but is not limited to all liability claims and causes of action in any way connected to property owned or leased by Wellness Through Adventure, LLC, or the actions or inactions of any Wellness Through Adventure, LLC employees.

I understand that in this activity, I MAY BE PHOTOGRAPHED. I agree to allow my photo to be used for any legitimate purpose by Wellness Through Adventure, LLC.

The terms of this agreement shall serve as a release and indemnity agreement for my heirs, personal representative, and for all members of my family, including any minors. (Parents or legal guardians must sign for all persons under eighteen (18) years of age.)

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X: \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_ Email: \_\_\_\_\_  
(PARTICIPANT'S SIGNATURE)

Phone: \_\_\_\_\_ Emergency Contact Name/Phone: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

This is to certify that I, as parent, guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasers from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES. To the fullest extent permitted by law.

X: \_\_\_\_\_ X: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(PARENT/GUARDIAN'S SIGNATURE) (PRINT NAME)