HIKING RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please read and be certain you understand the implications of signing

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EVENERACE	Acciimantian	of Diele A	cociatos	مونانال طائنيدا	and Related	A ctivities
EXDITESS	Assumbtion	OT RISK AS	SOCIATED	ı with Hikina	and Related	ACTIVITIES

I, ______ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with hiking, transportation of equipment related to the activities, and traveling to and from activity sites, in which I am about to engage. Inherent hazards and risks include but are not limited to:

- 1. Risk of injury from the activity and equipment utilized is significant including the potential for permanent disability and death.
- 2. Falling, causing broken bones severe injuries to the head, neck and back which may result in severe impairment or even death.
- 3. All "act of nature," including but not limited to avalanche, rock fall, inclement weather, thunder and lighting, severe and or varied wind, temperature and other weather conditions.
- 4. Risks associated with crossing, climbing or down-climbing of rock, snow and/or ice.
- 5. Risks associated with river crossings, fordings, or portaging.
- 6. Possible equipment failure and/or malfunction of my own or others' equipment, which may have been rented, borrowed, or personally owned.
- 7. My own neelieence and/or the negligence of others, including employees, agents, independent contractors or representatives of including but not limited to operator failure.
- 8. Cold weather and heat related injuries and illness including but not limited to frostnip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
- 9. Attack by or encounter with insects, reptiles, and/or animals.
- 10. Accidents or illness occurring in remote places where there are no available medical facilities.
- 11. Fatique chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident
- 12. My sense of balance, physical coordination, and ability to follow instructions.

*I understand the description of these risks is not complete and that unknown or unanticipated risks may result in Injury, illness, or death.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in any way in hiking and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to asreleasees.

<u>Kimberly Welsh-Wanderin2Wellness</u> Owner (Company and/or Person)

- 2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers, from liability and responsibility whatsoeverand for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, orwrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and irldemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
- 3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is setforth in this Agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining termsshall be enforceable.

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

Signature of Adult Participant	Name of Adult Participant (Please Print)		
Date	Date		
for this participant, do consent and agree not only to his/her	as Parent, Guardian, Temporary Guardian with legal responsibility release of all Releasees, but also to release and indemnify the rement in these programs for myself, my heirs, assigns, and next of kin.		
Signature of Parent or adult legal Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims	Name of Parent or adult legal Guardian		

Date