

**ADVENTURES WITHOUT LIMITS**  
**ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM**

\*Read Before Signing\*

WARNING: There are significant elements of risk in any adventure, outing, or activity associated with outdoor recreation, urban tours, and transportation between these events.

Outdoor activities and transportation to and from pose certain inherent risks. I agree to assume the risks of the event listed below, including but not limited to the possibility of death by physical injury or drowning, loss of limbs, broken bones, internal injuries, head injuries, cuts, bruises, sprains, insect bites, allergic reactions and illness. Furthermore, I assume the risk of being lost, exposure to extreme temperatures, limited food, water and shelter and the possibility of serious mental or emotional trauma as a result of any or all of the above inherent risks.

In consideration of the acceptance of my application, I, my heirs, executors, administrators and assignees, waive, release and discharge Adventures Without Limits, its officers, directors, trustees, employees, agents, and any other personnel officially connected with:

**EVENT/ACTIVITY:** \_\_\_\_\_ **EVENT DATE:** \_\_\_\_\_

from all claims of damages, demands, causes of action or suit, and liability of any nature, including claims of negligence, arising from or out of the aforementioned activity.

I understand that the aforementioned activity involves risks and exertions, which I voluntarily and knowingly assume. I also understand that I will be solely responsible for mental and physical preparation for this activity and that should I become injured, emergency medical treatment from a hospital or physician may be delayed because we are in an area that is remote and many times inaccessible by conventional methods of transportation and care, such as ambulances.

I understand that Adventures Without Limits' first aid kits do not contain any drugs for internal use and that I need to disclose and bring these if I might need them. Additionally, if I have the potential for severe allergic reactions to bee stings, insect bites, poison oak, sunburn, etc. it is my responsibility to inform the trip leader of the allergy in advance, and to bring the proper medication on this trip.

I fully realize the hazards of participation in an outing of this type and voluntarily assume all of the risks associated with such participation. INITIAL: \_\_\_\_\_

I assume any medical and emergency expenses in the event of an accident, illness or other incapability that results from participation in this activity. INITIAL: \_\_\_\_\_

I understand that I may be endangered by other participants in this activity and that some participants in the activity may increase the inherent risks listed above for themselves and for all others participating in the activity. I accept this increased risk. INITIAL: \_\_\_\_\_

**THIS RELEASE HAS BEEN READ CAREFULLY AND ALL ITS TERMS UNDERSTOOD**

\_\_\_\_\_  
Participant's Printed Name                      Participant's Signature                      Age: \_\_\_\_\_      Date Signed: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR**  
(If Participant is UNDER AGE 18 AT TIME OF REGISTRATION parents must also sign below)

\_\_\_\_\_  
Parent/Guardian's Printed Name                      Parent/Guardian's Signature                      Today's Date

Relationship to Participant: \_\_\_\_\_

I will allow photos of myself or my child as a participant to be used in future Adventures Without Limits publications and website. INITIAL: \_\_\_\_\_