Please read and be certain you understand the implications of signing.

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH MOUNTAINEERING, CLIMBING AND RELATED ACTIVITES						
l,	associated with Mountaineering, Rock Climb and from activity sites of which I am about	oing and Indoor Climbing activities o engage in. Inherent hazards a	s, transportation of equipm nd risks include but are no	nformed of the inherent hazards a ent related to the activities, and to to limited to:	raveling to	
1.	Significant risk of injury from the activity and equip permanent disability and death.	oment utilized in Mountaineering, I	Rock Climbing and Indoor	Climbing, including the potential for	or	
2.	Injury arising out of or related to equipment failur	e and/or malfunction of my own o	r others' equipment.			
3.	My own negligence and/or the negligence of other	ers, including employees, agents,	including employees, agents, independent contractors or repre		esentatives of Treks and	
	Tracks including but not limited to operator error					
	compression, and broken bones.		ed to inflammation and/or strain of muscles ligaments and/oe, which may affect judgment and coordination, or from not		not paying close attention to	
5.	your climbing or others climbing with or near yo	ou.				
6. 7.	Discharge of weapons in or near the area of acti					
8.	dehydration.	ŭ				
	Exposure to outdoor elements, including but not temperature or weather conditions.		lement weather, thunder a	nd lighting, severe and or varied	wind,	
10	. Attack by or encounter with insects, reptiles, and	l/or animals.	inal facilities			
 Accidents or illness occurring in remote places where there are no available medical facilities. Fatigue chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident. 						
13	Impairment of my sense of balance, physical coo	ordination, and ability to follow inst	tructions.			
	*I understand the description of these rideath.	sks is not complete and that u	unknown or unanticipate	ed risks may result in injury, il	lness, or	
RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT In consideration for being permitted to participate in any way in Mountaineering, Rock Climbing and Indoor Climbing and related activities, I hereby						
						1
	loss or damage to person or property, WHETH	IER CAUSED BY NEGLIGENCE	OR OTHERWISE, the fo	ollowing named persons or entiti	es, herein	
	referred to	0 (0	D			
2.	is Releasees To release the Releasees, their officers, director	Owner (Comp	pany and/or Person)	d vessels from liability and respec	ooibility	
۷.	whatsoever and for any claims or causes of act damage, or wrongful death arising from the abo	ion that I, my estate, heirs, surviv	gents, and volunteers, and vol	may have for personal injury, pro	perty	
	OR OTHERWISE. By executing this document	, I agree to hold the Releasees h	narmless and indemnify th	em in conjunction with any injury	≀o⊏eo /, disability,	
^	death, loss, or damage to any other person or p	roperty that may occur as a resu	It of my engaging in the al	ove activities.	4 .	
3. 4.	I understand and acknowledge that Releasees a By entering into this Agreement, I am not relying	re providing recreational services	and may not be neid liable	₹ for defective equipment or production to the Releasees of their than what	UCIS. Lie eat forth	
4.	in this Agreement.	on any oral or writter representa	uon or statements made b	y ule ixeleasees, oulei ulali wilat	15 501 101111	
This	s release shall be binding to the fullest extent perm enforceable.	itted by law. If any provision of thi	s release is found to be ur	nenforceable, the remaining terms	shall be	
I HA	AVE READ THIS RELEASE OF LIABILITY AND A UNDERSTAND THAT I HAVE GIVEN UP L INDUCEMENT.	ASSUMPTION OF RISK AGREE EGAL RIGHTS BY SIGNING IT	EMENT, AND I FULLY UN , AND I SIGN IT FREELY	DERSTAND ITS TERMS, AND AND VOLUNTARILY WITHOUT	ANY	
	Signature of Adult Participant	Name of Adult Part	icipant (Please Print)	Date		
	Participants of Minority Age ("Minor"): This is	-				
	ow-referenced Minor, do consent and agree no Releasees from any and all liabilities or claims					

Minor's Full Name Parent's Signature Date

heirs, assigns, and next of kin. I, on behalf of myself, my heirs, assigns, and next of kin, further agree to pay all bills, costs, and fees of any nature associated with the provision of any medical care and related transportation that, in the sole discretion of Releasees, is needed for the care and treatment of the below-referenced Minor and to and indemnify and hold Releasees its

representative, agents, affiliates, officers, directors and employees harmless form any costs incurred therein.