

WII ASSUMPTION OF RISK / LIABILITY RELEASE

Please print, read, fill out, sign and bring with you

I, _____, (participant) am aware in signing this document for participation in a Wilderness International Inc. activity that certain elements are physically demanding. Furthermore I understand that certain risks and dangers exist in the activities that I may participate in. I acknowledge that while Wilderness International and its staff will make every reasonable effort to minimize exposure to known risks, all hazards and dangers cannot be foreseen. I have personal responsibility to conduct myself in a safe manner and ask the staff for assistance if I have any questions or concerns about my own safety.

In consideration of participation in activities with Wilderness International Inc. I hereby personally assume for myself or for my minor child, as the case may be, all risks in connection with this involvement for any injuries or damages which may occur to myself or my child participant and do fully release Wilderness International Inc., its owners, employees, and agents from any and all claims, demands, damages, rights of action, anticipated or unanticipated, resulting from or arising out of the participants commencement of the activity or use facilities, equipment, and property of Wilderness International Inc. except in the case of Wilderness International's sole negligence. I also do for myself or for my minor child, as the case may be, agree to indemnify and hold harmless Wilderness International Inc. and it's affiliates and the employees, directors, and agents thereof from any liability and expense for personal or property damages or injury not caused solely by their negligent actions.

I understand that a photographer may be present to photograph the activities at the Work Project or Event and that I may be photographed while participating in the Work Project or Event. I agree that I will contact the photographer if I do not wish to be photographed. I hereby grant Wilderness International Inc. the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included. I hereby release Photographer and his/her legal representatives and assigns and Wilderness International Inc., and is board members, from all claims and liability relating to any such photographs.

My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

Participant Name: _____ **Age:** _____ **Sex:** M / F

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Signature of Participant or Parent / Guardian* (they must sign below if participant is under 18 years of age):

_____ **DATE:** _____

*We / I authorize the authorities of Wilderness International Inc. to consent to emergency examinations, diagnostic procedures, procurement of medical treatment, emergency surgery, or administration of anesthetics, when in the opinion of any physician or surgeon of good standing such medical treatment is necessary for the mental or physical health of the participant and we / I cannot be reached within a reasonable time to obtain our consent to treatment. This grant of authority shall not create an independent DUTY on the part of Wilderness International's employees or staff to consent to treatment.

Emergency Medical Information - In case of emergency, who should be contacted?

Name: _____ **Relationship:** _____

Primary Phone #: _____ **Alt. Phone #:** _____

Insurance Company: _____ **Policy #:** _____
