

WILDERNESS EXPEDITIONS, INC.

REGISTRATION FORM

Group name: _____ Coordinator's name: _____

Personal Information

Name: _____ Participant's current age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Participant E-mail (very important): _____

Parent/Guardian name(s): _____

Phone: _____ - _____ - _____ Parent E-mail (very important): _____

Release of Liability & User Indemnity Agreement for Wilderness Expeditions, Inc.

I hereby acknowledge that I, or my child, have voluntarily agreed to participate in the activities outfitted by Wilderness Expeditions, Inc.

I understand that the activities and all other hazards and exposures connected with the activities conducted in the outdoors do involve risk and I am cognizant of the risks and dangers inherent with the activities. I (or my child) am (is) fully capable of participating in the activities contracted for and willingly assume the risk of injury as my responsibility whether it is obvious or not.

I understand and agree that any bodily injury, death, or loss of personal property and expenses thereof as a result of my, or my child's, negligence in any scheduled or unscheduled activities associated with Wilderness Expeditions, Inc. are my responsibilities.

I understand that accidents or illness can occur in remote places without medical facilities, physicians, or surgeons, and be exposed to temperature extremes or inclement weather. I further agree and understand that any route or activity chosen may not be of minimum risk, but may have been chosen for its interest and challenge.

I agree to defend, indemnify, and hold harmless Wilderness Expeditions, Inc., the USDA Forest Service, Colorado Parks and Recreation Department, and any and all state or government agencies whose property the activities may be conducted on, and all of their officers, members, affiliated organizations, agents, or employees for any injury or death caused by or resulting from my or my child's participation in the activities, scheduled and unscheduled, whether or not such injury or death was caused by my, or their, negligence or from any other cause. **By signing my initials below, I certify this is a release of liability.**

Adult participant or parent/guardian initial here: _____ (Initials)

Adult Agreement or Parent's/Guardian Agreement for Wilderness Expeditions, Inc.

I understand the nature of the activities may involve the physical demands of hiking over rough terrain, backpacking personal and crew gear, and voluntarily climbing mountains to 14,433 feet in elevation. Having the assurance of my, or my child's, good health through a current physical examination by a medical doctor, I hereby give consent for me, or my child, to participate in the activities outfitted by Wilderness Expeditions, Inc. I have included in this form all necessary medical information about myself, or my child, that should be known by the leadership of the program. I assure my, or my child's, cooperation and assume responsibility for my, or my child's, actions. I understand that I am responsible for any medical expenses incurred in the event of needed medical attention for myself, or my child. I further agree that I will be financially responsible to repair or replace all items lost or abused by myself or my child.

In the event of an emergency, I authorize my consent to any X-ray examination, medical, dental, or surgical diagnosis, treatment, and/or hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice. I understand that the designated next of kin will be contacted as soon as possible. **By signing my initials below, I certify this is a release of liability.**

Adult participant or parent/guardian initial here: _____ (Initials)

