

Participant Accident Waiver

Wilderness Expeditions

Full Name of Participant

Date of Birth

Expedition Name/Location

I, the undersigned, acknowledge that I have voluntarily chosen to participate in a wilderness expedition. I am aware that activities conducted in wilderness settings involve inherent risks of injury, property damage, and even death. Risks may include, but are not limited to: falls, exposure to harsh weather, encounters with wildlife, and remote medical assistance.

I understand and accept all such risks, both known and unknown. I agree to obey all instructions, safety rules, and guidelines provided by the organizers. I certify that, to the best of my knowledge, I am in good health and physically able to participate in this expedition.

In consideration of being permitted to participate, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or accrue as a result of participation in this expedition. This Waiver is binding upon me, my heirs, executors, and administrators.

I have carefully read this Accident Waiver and fully understand its contents. I am aware that this is a release of liability and a legally binding contract.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date