

Waiver of Liability and Assumption of Risk



PLEASE PRINT CLEARLY

I am aware during my participation in Adventures course with RedHawk Survival Training Institute, there are certain dangers that could occur including but not limited to; loss of property, the hazards of backcountry travel, accidents or illness in remote locations. Furthermore, I verify myself and any minors in my accompaniment are fully capable of participating in this activity.

In consideration of, and the right to participate in such wilderness training and the services and food arranged for me I have and do hereby assume all the above mentioned risks and will not hold the RedHawk Survival Training Institute, their employees, or volunteers liable with my participation in any activities arranged for me.

The terms of this Waiver of Liability and Assumption of Risk shall serve as a release and assumption of risk for my heirs, executor and administrators and for all members of my family, including any minors accompanying me. (Parents or legal guardians must also sign for all persons under 21 years of age.)

I have read, understood and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon us during the entire period of participation in all activities.

Name: (first) _____ (family) _____ (other) _____

Address: _____

Phone: _____

Email _____

Emergency Contacts (people close to you we can contact in case of emergency)

1. Name: _____ Relationship: _____

Phone(s): _____

2. Name: _____ Relationship: _____

Phone(s): _____

Name of persons under 21: (first) _____ (family) _____ (other) _____

Guardian: Name (first) _____ (last) _____ (signature) _____

Food: On trips where certain meals are supplied, Hot dogs, hamburgers, coffee, hot chocolate

Equipment: Weekend Participants are outfitted with 3-/4-person tents. Tent-sharing arrangements are left up to participants. Participants intending to use their own gear: please advise: _____

Health Information

Please indicate below any limitations, conditions, or instructions that are relevant to trip organizers and guides, and medical personnel. (Conditions requiring special attention include asthma, diabetes, very high blood pressure, back troubles, bleeding disorders, heart condition, mobility, osteoporosis, pregnancy, or addiction): _____

Allergies: Please indicate below any allergies you have that you wish organizers/guides to be aware of and/or would help medical personnel (ie, allergies to particular foods, bee/wasp stings and penicillin).

Medications: Please indicate below any medications you are taking that you wish organizers/guides to be aware of and/or would help medical personnel (please provide medication name and indications).

Optional:

MEDICAL INSURANCE INFORMATION (also carry with you) Company name; policy name; policy/group numbers:

PHYSICIAN:

Name: _____ Location: _____

Phone: _____