## Participant Waiver, Release of Liability, Assumption of Risk & Media Consent Agreement

Program Name: Hidden Adventures Outdoor Activities

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 1. Assumption of Risk

I, the undersigned, acknowledge and understand that participation in Hidden Adventures LLC’s activities, courses, events, and related programs (“Program”) involves inherent and potential risks, including but not limited to:
• Equipment failure or malfunction (mine or others)
• Slips, falls, and collisions on rugged terrain
• Drowning, hazardous rapids, and unpredictable water levels
• Adverse weather conditions (heat, cold, storms, lightning)
• Encounters with wildlife, insects, or other natural hazards
• Fatigue, dehydration, or medical emergencies

I understand these risks could result in serious injury, permanent disability, or death. I voluntarily choose to participate and accept full responsibility for my safety.

### 2. Release and Waiver of Liability

In consideration for being allowed to participate in the Program, I hereby release, waive, and discharge Hidden Adventures LLC, its owners, officers, employees, agents, contractors, sponsors, permit providers, and affiliates (“Releasees”) from any and all claims, liabilities, damages, or demands arising from or related to my participation, including those caused by the negligence of the Releasees, to the fullest extent permitted by law.

This release applies to, but is not limited to:
• Personal injury
• Property damage
• Illness or death
• Rescue costs or emergency response fees

I understand that this waiver does not release claims resulting from gross negligence, willful misconduct, or violations of law, where prohibited by local or state regulations.

### 3. Participant Responsibilities

I agree to:
• Follow all instructions, rules, and safety guidelines provided by Hidden Adventures staff
• Wear all required safety gear at all times
• Disclose any relevant medical conditions that may affect my participation
• Immediately notify program staff if I observe unsafe conditions or feel unfit to continue

Hidden Adventures LLC reserves the right to remove any participant who fails to follow safety instructions or cannot meet the Essential Eligibility Criteria (EEC).

### 4. Emergency Medical Authorization

In the event of an accident, injury, or medical emergency during the Program, I authorize Hidden Adventures LLC and its representatives to obtain emergency medical treatment on my behalf. I understand that I am financially responsible for any medical services provided.

### 5. Media Release (Optional)

Hidden Adventures LLC may take photos, videos, or audio recordings during Program activities for marketing, promotional, and educational purposes.

Please select one:
☐ YES – I grant Hidden Adventures LLC full permission to use my likeness in any media without compensation.
☐ NO – I do not consent to my image being used for promotional purposes.

### 6. Acknowledgment of Understanding

By signing below, I acknowledge that I have read, understood, and voluntarily signed this agreement. I understand that by signing, I am giving up substantial legal rights, including my right to sue Hidden Adventures LLC for ordinary negligence. I certify that I am at least 18 years old, or that I am the parent/guardian of a minor participant and consent on their behalf.

### Participant Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### For Parents/Guardians of Minors

I, the parent/guardian of the minor named above, consent to their participation in the Program and agree to the terms of this waiver on behalf of my child. I understand that some states may limit the enforceability of parental waivers but voluntarily assume all risks.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

### Emergency Contact

Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_