

TRAVERSE ALASKA

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Please read and be certain you understand the implications of signing

Express Assumption of Risk Associated with Hiking, Biking, Packrafting and Related Activities

I, _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with hiking, biking, packrafting, transportation of equipment related to the activities, and traveling to and from activity sites, in which I am about to engage. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for permanent disability and death.
2. Falling, causing broken bones severe injuries to the head, neck and back which may result in severe impairment or even death.
3. All "act of nature," including but not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
4. Risks associated with crossing, climbing or down-climbing of rock, snow and/or ice.
5. Risks associated with river crossings, fordings, or portaging.
6. Possible equipment failure and/or malfunction of my own or others' equipment, which may have been rented, borrowed, or personally owned.
7. My own negligence and/or the negligence of others, including employees, agents, independent contractors or representatives of Traverse Alaska including but not limited to operator failure.
8. Cold weather and heat related injuries and illness including but not limited to frostnip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
9. Attack by or encounter with insects, reptiles, and/or animals.
10. Accidents or illness occurring in remote places where there are no available medical facilities.
11. Fatigue chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident
12. My sense of balance, physical coordination, and ability to follow instructions.

**I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death.*

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in any way in hiking, biking, packrafting and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releasees.

Joseph Meyer/Traverse Alaska

Owner (Company and/or Person)

2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers, from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.

3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS

TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Adult Participant _____ Date _____
Name of Adult Participant (Please Print) _____ Date _____

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Signature of Parent or adult legal Guardian _____ Date _____

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Fitness and Sizing Form:

Name: _____

Birth date: _____

Gender: _____

Height: _____

Weight: _____

Mountain bike size (if known): _____

Briefly describe your level of physical ability and any exercise routine that you have:
(Example: run 5 miles 3 times/week and workout at gym 2 times/week)

Briefly describe any hiking/backpacking experience you may have (Where? When?):

Briefly describe any rafting/kayaking/canoeing experience you may have (Where? When?):

Briefly describe any mountain/road biking experience you may have:

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CONFIDENTIAL

Medical Information Form

The information provided to Traverse Alaska on this form is provided for two reasons.

1. We may need the information on this form if you suffer an illness or injury on the expedition.

3. While we have no intention to release any of this information, please recognize that you are waiving your rights under the Health Insurance Portability and Accountability Act (HIPAA) and any state HIPAA laws. We may need to share your medical information if you suffer an illness or injury on the trip.

Full Legal Name:

Sex: Date of Birth: Height: Weight:

Blood Type:

Please list any major operations, accidents or illnesses you have had in the past five years:

Do you have or have you ever had any of the following:

Allergies Y N Heart Disease Y N

Diabetes Y N Asthma Y N

Seizures Y N Depression Y N

Are you pregnant (at time of trip)? Y N

Please give full details if you answered yes to any of the above:

Do you take medication for any of the above? If yes, please explain:

Confidential Medical Information Form part 2

Have you had any musculoskeletal injuries and related surgeries? Y N

Do you have any issues with your vision or hearing? Y N

Please list any and all limitations or medical conditions that may affect your ability to participate in the trip you are signing up for:

Have you ever suffered a cold injury such as frostbite? Y N

Please describe the circumstances:

Please describe any medical training you have received:

Health Insurance Portability and Accountability Act (HIPAA)

I hereby forever waive, discharge and release any rights I have under the Health Insurance Portability and Accountability Act (HIPAA) for the information I have provided above as well as any information that I may provide to Traverse Alaska, its guides, employees, contractors, or third parties. I understand that this is being done for my safety and well being as well as the fact that my medical information cannot be kept confidential on a mountainous rescue scenario. I promise not to sue Traverse Alaska for any release of my medical information at any time to anybody.

PARTICIPANT SIGNATURE

Date

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FOOD SPECIFICS

Do you have any food allergies? Please describe:

Are there any foods/ingredients that you cannot eat? Please explain:

Do you have a favorite dish? Please describe:

Are you vegan/vegetarian? Please explain:

Please list any special requests: