



Participant Release of Liability and Assumption of Risk  
Agreement

Program: \_\_\_\_\_ Instructor: \_\_\_\_\_

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

In consideration of being allowed to participate in any way in the program, related events and activities,  
I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HERBEY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE EXPEDITION SCHOOL**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.
6. I/We agree that in case of an emergency when circumstances make it impracticable (in the sole judgment of The Expedition School ("School")) to secure our prior approval, School officials are authorized to take whatever actions are deemed necessary in their best judgment to protect the health and welfare of myself or my/our child. This includes, but is not limited to, securing emergency services, anesthetics, medical services (general and specialized) and hospital admission. I/We also grant permission to the School's officials to administer daily health care to myself or my/our child as deemed necessary by them. I/We understand that the cost of such services will be borne by me/us and I/we agree to pay for all medical services provided to myself or my/our child promptly upon receipt of the statement therefore, and I/we further agree to indemnify the School and hold it harmless for any claims, charges, or assessments arising out of the School's procuring health care and/or treatment for myself or my/our child.
7. In the event I or my /our child receives medical treatment, I/we authorize my or my/our child's physician and any other person or entity in possession of any medical records pertaining to my/our child to release the medical records to the School. I/We understand that this medical authorization form is in effect and valid for so long as I am or my/our child is enrolled in a program at The Expedition School.



8. I acknowledge that during the course of the activity I shall be exposed to confidential information and trade secrets including, but not limited to, techniques, locations and methods (“Protected Information”). I understand that the divulging or use by other parties of Protected Information would severely injure the Expedition School. I am participating in this activity for personal enjoyment and not in the hopes of developing a competing business model. Therefore, I acknowledge and agree to not compete or divulge Protected Information to any business similar to the Expedition School for a period of 2 years after the undersigned date within a territory of the Austin Metro Area and its surrounding contiguous counties. I recognize that monetary damages will be insufficient to fully make the Expedition School whole and authorizes injunctive relief in the event of a breach of this clause.
9. I acknowledge that, in the case of lost, stolen or damaged property, I am fully financially responsible. Meaning, if the property extended to me, or members of my party, are stolen, lost or is damaged under my use, or members in my party, I am responsible for paying for the damages

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participants signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent’s Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Phone Number: \_\_\_\_\_

Please check here if you would like to be added to our email list to receive periodic updates from the Expedition School!

Email: \_\_\_\_\_