



Release and Waiver of Liability

The undersigned hereby acknowledges that participation in recreational and other activities conducted by or in conjunction with Woodsmoke Camping Company LLC, and travel to and from such activities, involves inherent risks of physical injury, illness, death, or loss of personal property and the undersignee assumes all such risks. The undersigned also understands that some injuries may require special treatment, personnel, and equipment which may be remote either by time or distance or both, from the activity site, nonetheless, the undersigned agrees to proceed with these activities.

In consideration with the mutual benefits derived from participation by the undersigned with activities conducted by or in conjunction with Woodsmoke Camping Company LLC, the undersigned hereby absolves, releases and waives any and all liability, claims or demands against Woodsmoke Camping Company LLC and its officers, directors, agents, instructors, or trip leaders from any and all claims, demands, rights and causes of actions of whatsoever causes of nature arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries including death, damage to property, and the consequences thereof resulting from or relating to participation by the undersigned in any activities conducted by or in conjunction with Woodsmoke Camping Company LLC. The undersigned hereby acknowledges that any person or participant who uses property or loans to another his property for use on or in land, water, or air while with Woodsmoke Camping Company LLC or any event or function in conjunction therewith, does so at the individual's own risk and such participant waives any and all claims against Woodsmoke Camping Company LLC regardless of who uses or causes damage to said property.

I certify that I am fully capable of physically, mentally, and emotionally, participating in the activities provided by Woodsmoke Camping Company LLC. I understand that Woodsmoke Camping Company LLC does not provide insurance for participants in its activities and the undersigned is required to and shall carry such insurance adequate for any eventuality for injury or illness as a result of such activities.

I certify that I am eighteen (18) years of age or older, or my parent or guardian has signed below, and that I or my parent and /or guardian have read the above carefully before signing.

Participant Name (print): _____ Date: _____

Signature of participant: _____

Signature of Parent of Guardian if minor child _____

I _____, do hereby give Woodsmoke Camping Company LLC full rights and license to use all photo images of me obtained during this activity for marketing/media purposes.

Signature of Participant

Signature of parent/guardian if Minor (under 18)



REPRESENTATION OF PHYSICAL CONDITION AND MEDICAL CONSENT

I attest and verify that I have no physical impairment or defect, whether latent or apparent, that should preclude my participating in this activity. I further attest and verify that I am physically, capable of participating in the activity offered by Woodsmoke Camping Company, and have successfully trained for completion of this activity.

Your Name (please print): _____

Please identify and describe any conditions, prior injuries, missing body parts, current medications, or allergies (to food, drugs, insect bites, plants, animals, etc.) which may limit participation or be used to help instructors, guides or other medical personnel respond to an emergency situation. The facts you disclose will remain confidential. **If none, write "NONE."**

The information I have provided is true to the best of my knowledge.

Initial: _____

I understand and acknowledge that no medical benefits will be provided me during any activities. I certify that I have sufficient health, accident and liability insurance to cover any bodily injury or property damage I may incur while preparing for, participating in, and traveling to and from activities and to cover bodily injury or property damage that I might cause to any third party. If I have no insurance, I certify that I am capable of personally paying for any and all such expenses or liability.

Initial: _____

I understand and acknowledge that using alcohol, tobacco, and drugs are prohibited during all Woodsmoke Camping Company activities.

Initial: _____

I hereby give consent to the instructor(s) or guide(s) to secure, as they see fit and at my expense, rescue services and the administration of medical treatment or personal medication(s) in case of an emergency, and do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary.

Initial: _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Relationship _____

Address _____

Day Phone _____ Night Phone _____