

RAVENS-WAY WILD JOURNEYS L.L.C.

Participant INFORMATION/EMERGENCY FORM & Waiver

Please: 1) Read carefully 2) Complete the following form in its entirety, and 3) Read and sign the permission form and waiver

Participant's Name _____

BirthDay _____ / _____ / _____ Last Age _____ First Gender _____

Parent's Name (if participant is under 18 years) _____ Last _____ First _____

Address _____ Street _____ City _____ State/Zip _____

Day Phone _____ Cell Phone _____ Evening Phone _____

Email address: _____

Emergency contact: Name _____

Day Phone _____ Cell Phone _____ Evening Phone _____

If not available, Name _____

Day Phone _____ Cell Phone _____ Evening Phone _____

Describe any medical, allergies, other problem(s) participant has and procedures that should be followed if a problem occurs:(attach additional sheet if necessary)

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

****READ BEFORE SIGNING****

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

1. RAVENS-WAY WILD JOURNEYS L.L.C. advises participants to get a doctors checkup and clearance prior to participating in any and all of our programs.
 2. The risk of injury from the activities involved in this program is significant. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, ASSOCIATED WITH PARTICIPATING IN RAVENS-WAY WILD JOURNEYS L.L.C. PROGRAMS, EVEN IF ARISING FROM 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.
 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, RAVENS-WAY WILD JOURNEYS L.L.C. its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lesser of premises used to conduct the event RELEASES, from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY, OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest permitted law.
- I HAVE READ THE RELEASE OF LIABILITY AND ASSUPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

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

This is to certify that I, as a 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 RAVENS-WAY WILD JOURNEYS L.L.C. from any and all liability incidents to my minor child's involvement or participation in these programs as provided above EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date _____ Emergency phone numbers _____

Participant's signature

X _____ Date _____ Emergency Phone numbers _____

Parent or Guardian's signature (if participant in under 18 years of age)