



Harmony Hikes
P.O. Box 172, Ashland, OR 97520
Ph: 541-840-7434 • Fax: 541-488-8180

Participant Waiver

- 1.) I, _____ hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS for any and all purposes Harmony Hikes and any of it's counterparts including but not limited to, employees, volunteers, officers, servants, or agents FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH, that may be sustained by me while participating in such activities, or while in route to site of activity. I acknowledge there may be physical strenuous activities. I KNOW NO MEDICAL REASON WHY I SHOULD NOT PARTICIPATE.

- 2.) I am fully aware that there are inherent risks involved with outdoor recreation, including but not limited to injury or death while traveling to and from the activity sites: blisters, sprains, strains, dislocations, torn muscle and/ or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions and/ or contusions, dehydration, sunburn, heat or cold related emergencies, drowning and/or oxygen shortage, exposure to weather related conditions, medical illness, head, neck, and/ or spinal injuries, bite or attack by animal, allergic reaction, shock, paralysis, and death. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS, PROPERTY DAMAGE OR PERSONAL INJURY. **Initial**_____.

- 3.) I understand that Harmony Hikes does not maintain any insurance policy covering any circumstances arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. **Initial**_____.

- 4.) I give permission for activity leaders to seek emergency medical, rescue or evacuation services fro me should I become injured or ill with the understanding that I am responsible for any expense incurred. I fully understand that Harmony Hikes and its counterparts do NOT provide any medical insurance coverage for me while I participate in this activity. I also realize that I may be attended to by the activity leaders until medical care is available. **Initial**_____.

- 5.) I acknowledge that photographs and video may be taken during the activity and allow reproductions of these photographs and video materials to be used in promotional activities initiated by Harmony Hikes. **Initial**_____.

I have read all parts of this waiver and agree not to sue Harmony Hikes and its counter parts.

Signed the _____ day of _____

Printed Name: _____

Signature: _____

Parent or Guardian Signature: _____
(if under 18 years of age)