

Adirondack Adventure Waiver of Liability Release Form



Beth Sturdevant
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BIN 1000479344

[Participant's Name] _____

[Participant's Address] _____

[City, Province, Postal Code] _____

I, _____, acknowledge that participation in the hiking retreat organized by Beth Sturdevant, involves certain inherent risks and dangers, including but not limited to those associated with hiking, walking on uneven terrain, camping, exposure to varying weather conditions, encountering wildlife, and other unforeseen events. I fully understand and voluntarily accept these risks.

In consideration of being permitted to participate in the hiking and camping retreat, I hereby waive, release, and discharge Beth Sturdevant and any people assisting her in this retreat, from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or harm that may be sustained by me during the camping and hiking retreat, including those resulting from transportation to and from the Adirondacks and the negligence or fault of Beth Sturdevant, her associates, assistants or representatives.

I understand that this waiver of liability release form includes any claims based on negligence, action, or inaction of Beth Sturdevant, and any people(s) assisting her, whether an illness, or injury related incident or otherwise.

I further agree to indemnify and hold harmless Beth Sturdevant, her assistants and associates, from any liability, claims, demands, actions, or causes of action brought by

third parties as a result of my participation in the hiking and camping retreat.

I hereby confirm that I am physically fit to participate in the hiking and camping retreat and have not been advised otherwise by a medical professional. If, during the course of the retreat, I require medical attention, I authorize Beth Sturdevant and her associates to secure medical treatment as deemed necessary and appropriate, and, if required, to perform emergency CPR and First Aid treatment.

Beth Sturdevant, her associates and assistants, are not responsible for any death, injury, loss, or damage of any kind suffered by any person during participation in the hiking and camping retreat, and all related activities of the Adirondack hiking and camping retreat, including injury, loss or damage that might be caused by the negligence of the releases.

I understand that this liability waiver is binding upon me, my heirs, executors, administrators, and assigns, and that it shall be governed by and interpreted in accordance with the laws of Canada and the United States.

I am solely responsible to select and purchase adequate travel medical/health insurance, if required. The Releasees will provide no medical/health insurance. In the event of a medical/health problem, the Releasees accept no responsibility for any costs associated with a medical/health problem nor will they pay for any medical/health expenses that may be incurred by the participant.

The travel insurance should provide coverage against theft, personal accident, personal liability, among other coverages. The Releasees accept no responsibility for any costs associated with travel arrangements or travel insurance, nor will they pay for any expenses that may be incurred by the participant relating to these areas.

I confirm that I am of the age of majority and that I have had ample time to read this Release Agreement, and have understood its terms, intending it to be binding upon my heirs, executors and assigns and all members of my family.

In entering into this Agreement, I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in the Program, other than what is set forth in this Agreement.

By signing below, I acknowledge that I have carefully read and fully understand the contents of this liability waiver. I willingly and voluntarily assume all risks associated with my participation in the hiking and camping retreat and agree to be bound by its terms.

Participant's Full Name: _____

Participant's Signature: _____

Date: _____