

## WILD GUYde Adventures AGREEMENT TO PARTICIPATE

In agreeing to participate in this *WILD GUYde Adventure* experience, ***I recognize*** that the activities of **hiking, canoeing, caving, and rock climbing** might involve some or all of the following:

- Strenuous travel in rugged natural terrain
- Load carrying (for myself and others)
- Route-finding and navigation challenges in remote areas
- Climbing, crawling, swimming, and walking in places that are high, dark, cold, wet, exposed, or constricted
- Access to advanced medical care that is limited, delayed, or completely absent

***I also acknowledge*** that certain dangers and risks exist. These include, but are not limited to emotional discomfort or bodily injury or death from:

- Equipment failure
- Drowning; water that is fast, cold, or deep
- Human error or negligence
- Weather-related disaster (lightning, cold, heat, high wind, etc.)
- Slips, falls, and other gravity-related mishaps (loose rocks, unstable terrain, treacherous trails)
- Accident while traveling to or from activity sites
- Assault by creatures of nature (snakes, insects, rodents, etc.)

***I understand*** that types of injuries and discomforts may include but are not limited to:

- Minor or major bone fracture
- Scrapes, abrasions, lacerations
- Muscle, tendon, or ligament strains or sprains
- Allergic reactions, sickness or disease
- Illnesses and infections
- Burns (cooking, rope)
- Head or body bumps and bruises
- Hypothermia and frostbite
- Heat-related conditions (heat exhaustion, heat stroke, sunburn)

***I acknowledge*** the need to follow instructions, to obey rules, to learn thoroughly the practices and precautions of the various activities, and to participate in holding group members accountable to those practices. ***I also acknowledge*** the need for specialized equipment (see equipment and clothing list), and am prepared to outfit myself accordingly. Furthermore, ***I have honestly disclosed*** to *WILD GUYde Adventures* any relevant physical or medical conditions (via the Medical Form).

***My signature below indicates my understanding of the inherent risks in this experience, and my continued willingness to participate.***

By signing the Participant Agreement, I also hereby waive my rights to any photos or videos of myself taken by WGA personnel for advertising, marketing, or commercial use. I understand that my personal information will not be given out, but that the photos/videos are the property of *WILD GUYde Adventures*.

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Name (print)

Signature (**parent** if participant is under 18)

Date

Staff Review (initials and dates): \_\_\_\_\_