

ADVENTURES WITHOUT LIMITS
ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM

Read Before Signing

WARNING: There are significant elements of risk in any adventure, outing, or activity associated with outdoor recreation, urban tours, and transportation between these events.

Outdoor activities and transportation to and from pose certain inherent risks. I agree to assume the risks of the event listed below, including but not limited to the possibility of death by physical injury or drowning, loss of limbs, broken bones, internal injuries, head injuries, cuts, bruises, sprains, insect bites, allergic reactions and illness. Furthermore, I assume the risk of being lost, exposure to extreme temperatures, limited food, water and shelter and the possibility of serious mental or emotional trauma as a result of any or all of the above inherent risks.

In consideration of the acceptance of my application, I, my heirs, executors, administrators and assignees, waive, release and discharge Adventures Without Limits, its officers, directors, trustees, employees, agents, and any other personnel officially connected with:

EVENT/ACTIVITY: Community Based Activity Program EVENT DATE: 2021

from all claims of damages, demands, causes of action or suit, and liability of any nature, including claims of negligence, arising from or out of the aforementioned activity.

I understand that the aforementioned activity involves risks and exertions, which I voluntarily and knowingly assume. I also understand that I will be solely responsible for mental and physical preparation for this activity and that should I become injured, emergency medical treatment from a hospital or physician may be delayed because we are in an area that is remote and many times inaccessible by conventional methods of transportation and care, such as ambulances.

I understand that Adventures Without Limits' first aid kits do not contain any drugs for internal use and that I need to disclose and bring these if I might need them. Additionally, if I have the potential for severe allergic reactions to bee stings, insect bites, poison oak, sunburn, etc. it is my responsibility to inform the trip leader of the allergy in advance, and to bring the proper medication on this trip.

I fully realize the hazards of participation in an outing of this type and voluntarily assume all of the risks associated with such participation. INITIAL: _____

I assume any medical and emergency expenses in the event of an accident, illness or other incapability that results from participation in this activity. INITIAL: _____

I understand that I may be endangered by other participants in this activity and that some participants in the activity may increase the inherent risks listed above for themselves and for all others participating in the activity. I accept this increased risk. INITIAL: _____

THIS RELEASE HAS BEEN READ CAREFULLY AND ALL ITS TERMS UNDERSTOOD

_____ Age: _____ Date Signed: _____
Participant's Printed Name Participant's Signature

Emergency Contact Name: _____ Phone #: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY
(If Participant is UNDER AGE 18 AT TIME OF REGISTRATION parents must also sign below)

_____ _____ _____
Parent/Guardian's Printed Name Parent/Guardian's Signature Today's Date

Relationship to Participant: _____

I will allow photos of myself or my child as a participant to be used in future Adventures Without Limits publications and website. INITIAL: _____

CAMPBELL'S OUTDOOR ADVENTURES, INC.

LIABILITY RELEASE AND WAIVER

I, _____ wish(es) to participate in the activities offered by CAMPBELL'S OUTDOOR ADVENTURES, INC, and/or Campbell's 3D Archery. (CAMPBELL'S) I hereby certify that I have answered all health and medical questions honestly and completely and have no health issues that affect my ability to safely participate in the activities or excursions offered by CAMPBELL'S. I further acknowledge that I will consult with my physician if I have any concerns about my safe participation in the activities and excursions offered by CAMPBELL'S.

I understand that I am not obligated to perform or participate in any activity that I do not wish to do and that it is my right to refuse participation at anytime during my excursion for any reason.

I understand that the results and success of my excursion cannot be guaranteed and no promises have been made by anyone to me in this regard.

I hereby authorize CAMPBELL'S to act on my behalf in the event that I am a victim of an accident, sudden illness, or injury that occurs during my excursion. Actions on my behalf shall include but not be limited to calling for emergency care, administering CPR, or seeking any help and advice CAMPBELL'S staff deem appropriate for medical care.

The document you are signing is a contract which will be interpreted by the law of the State of Oregon. By signing below, the participant and/or their parent or legal guardian agree to RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND CAMPBELL'S and all shareholders, members, officers, directors, employees, agents, and insurers of any such entities from any and all liabilities and claims that arise in any way from any injury, death, loss or harm of any sort that occurs to the participant in the activity or excursion offered. this RELEASE includes any claim arising from the negligence of CAMPBELL'S. This release does not act as a bar to claims which may be allowed pursuant to the laws of the State of Oregon which cannot be released.

I agree to allow CAMPBELL'S to take photos of my excursion for marketing and website use and to post on internet based services such as Facebook, etc. I will express my disapproval prior to activities or excursions.

I have thoroughly read this Waiver of Liability and Informed Consent Release and understand all of its terms. I sign this agreement voluntarily and with full knowledge of its significance.

Signed: _____ Date: _____

Printed Name: _____