

The Unbeaten Path Release Form

LIABILITY RELEASE and ASSUMPTION OF RISK

I am aware that travel, whether by plane, train, auto, boat or on bicycle, foot or *any* other conveyance, known or unknown, contains some inherent risk of illness, injury or death, which may be caused by others, physical exertion for which I am not prepared, consumption of alcoholic beverages, forces of nature, or other agencies and risks known or unknown. I recognize that such risks may be present before, during and after the activity that I am participating in under the arrangements of Unbeaten Path Hiking Tours (Unbeaten Path) and its agents or associates. In consideration of, and as part of payment for, the right to engage in these activities, arranged for me by Unbeaten Path, and its agents or associates in connection with this activity, I have and do hereby fully assume all risk of illness, injury or death, and hereby release and discharge Unbeaten Path, and its agents and associates, from all actions, claims, or demands for damages resulting from my participation in said activities. I agree that the forgoing obligation shall be binding upon me personally, as well as upon my heirs, executors, administrators, and all members of my family, including any minors accompanying me. This agreement will be interpreted according to the laws of the state of California.

Initial _____

I understand that my own medical insurance is the primary coverage, and I agree to self insure myself against medical expenditures in association with any activity I participate in with Unbeaten Path. Initial _____

I understand Unbeaten Path has the right to seek medical attention of any kind in regards to my involvement in any Unbeaten Path activity. Initial _____

I understand that Unbeaten Path reserves the right to take photographs or film/electronic records (photo release) of any of its customers, and hereby agree that Unbeaten Path may use any such photographic or film records for promotional and/or commercial purposes. Initial _____

I have carefully read this agreement and fully understand its contents and am aware that this is a release of liability, medical self insurance, photo release and a contract between me and Unbeaten Path, and sign it of my own free will.

MUST BE FILLED OUT COMPLETELY WITH HOME ADDRESS:

Name (Please Print) _____

Signature X _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (_____) _____ - _____ **Date** _____ / _____ / _____

Email _____