

**Specialty Expeditions, Inc.
Release of Liability - READ BEFORE SIGNING**

Medical Information

In consideration of being allowed to participate in any way in the Specialty Expeditions, Inc. program, it's related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

1. I am aware that the trip which I am voluntarily participating in may be physically and emotionally demanding.. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I realize that adventure recreation activities involve certain risks associated with rugged terrain and the possibility of extreme weather, far from any professional or medical services. I understand the importance of carrying medical and accident insurance before participation in the activity; and,
3. I understand that I may be exposed to real risks of injury, or even death, from such hazards or events as falls, rock-fall, lightning, river crossing, hypothermia, frostbite or cold injuries, bites and stings, and accidents traveling to and from the activity site. I understand that equipment may fail, and that such failure could contribute to my injury or death; and,
4. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
5. I willingly agree to comply with the stated and customary terms and conditions for participation. I acknowledge that the leaders cannot foresee all of the risks and hazards associated with participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Specialty Expeditions, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

x _____
Participant's Signature (Age) (Date)

**PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF SIGNING)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date: _____
Parent/Guardian's Signature (print name)

PHOTOGRAPH & VIDEO RELEASE

I hereby irrevocably consent to and authorize the use and reproduction by Specialty Expeditions, Inc. or anyone authorized by the Company to use any and all photographs or video of my person for promotional material and presentations without further compensation to myself. All negative and positives, together with the prints shall constitute the property of Specialty Expeditions, Inc. solely and completely.

Signed: _____ Date: _____
Parent/Guardian Signature (if under 18):

Name: _____

Home Phone: _____

Work Phone: _____

Address: _____

City/State/Zip: _____

Birthdate: ___ / ___ / ___ Gender: _____ Age: _____

Guardians (if under 18) _____

Home Phone: _____

Work Phone: _____

If parent, guardian, or spouse is not available in an emergency, please notify:

1. _____

Relationship: _____

Phone: _____

2. _____

Relationship: _____

Phone: _____

Check All That Apply

- | <u>Health History</u> | <u>Allergies</u> | <u>Diseases</u> |
|--|--|--------------------------------------|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Heart Defect | <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Clotting Disorder | <input type="checkbox"/> Other Drugs | |

Operations or serious injuries and dates: _____

Chronic or recurring illnesses: _____

Dentist/Orthodontist: _____

Phone: _____

Family Doctor: _____

Phone: _____

Personal Authorization: This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities except as noted by me. In the event of an emergency, I hereby give permission to the physician selected by Specialty Expeditions to order X-rays, routine tests and treatment for the health of myself or my child. In the event that my parent, guardian, or spouse cannot be reached in an emergency, I also give permission to the physician selected by The Specialty Expedition Company to hospitalize, secure proper treatment for, and to order injection/or surgery for my child as named above.

Signed (Guardian if under 18): _____

Important!!! Proof of Insurance must accompany this Release form for acceptance into Specialty Expeditions' trips