## Wilderness Experiences Unlimited & Westfield Water Sports

## The Challenge Adventure Specialists PLEASE FILL OUT THE BACK ASSUMPTION OF RISK

Participant Name:		
Signature:		

Climbing & Trekking	
Outdoor Workshop	
Swimming Workshop	
SCUBA	
Paddling	

I understand and accept that the Activity checked above, and moving on, through, over or under the areas where the Activity will be performed exposes me to many hazards. Some of these dangers and risks may include, without limitation: Welcome to W.E.U. Inc. and/or Westfield Water Sports, LLC, ("WEU"). In the interest of allowing WEU to exist and to serve its community of outdoor enthusiasts without fear of liability, we ask you to join in this contract. The first part is for you to acknowledge that you understand the risks involved in the activity that you checked off to the left; the second part is a release of liability. We will allow a full refund if you choose not to participate.

<b>Event Waiver</b>	Climbing & Trekking	Outdoor Workshop	Swimming Workshop	SCUBA	Paddling
Environmental hazards including boulders, trees, other obstacles, loose rock, dirt and other similar obstacles.	√	√		√	√
Climbing in unfamiliar and sometimes steep areas.	√	√			√
Using ropes and other climbing equipment	√	√			√
Rescue attempts	√	√	√	√	√
Hiking or walking in rugged terrain including, without limitation, slippery rocks	√	√		√	$\checkmark$
Injuries inflicted by animals, insects or plants	√	√		√	√
Accidents or illness in remote places without medical facilities	√	√	√	√	√
Man-made objects in program areas, but not limited to ropes, bridge pilings and metal junk & injury caused by such objects	√	√	√	√	√
Carrying climbing and other equipment	√	√		√	√
The forces of nature including lightning, weather changes, rain & ice and other weather hazards	√	√	√	√	√
The physical exertion associated with climbing and hiking in challenging terrain	√	√		√	√
Exposure, hypothermia, frostbite, discomfort, misadventure and other similar injuries	√	√	√	√	√
Possible physical injury or illness, in or out of water, broken bones, sprains, strains, dislocations, avulsions, punctures,	√	√	√	√	√
abrasions, burns, back & head injuries and other injuries not mentioned specifically.	<b>'</b>	•	v	v	·
Travel in vehicles not driven by me	√	√	√	√	√
Accidents or injury caused by others and / or the forces of nature	√	√	√	√	√
The hazards of exercising, traveling or playing in the water		√	√	√	√
Water hazards / hypothermia / drowning / heart problems / sickness and other water related hazards		√	√	√	√
Swimming / floating in unfamiliar and sometimes turbulent waters		√	√	√	√
Using paddles, ropes and other Swimming equipment		√	√	√	√
Walking in slippery terrain, including decks, stairs, and pool edges		√	√	√	√
Injuries inflicted by canoes or kayaks and other equipment			√	√	√
The physical exertion associated with paddling and swimming in water or rapids and carrying canoes or kayaks on land			√	√	√
Mechanical breakdown and / or many others not listed specifically			√	√	√
Exposure to cold water, hypothermia, currents, vertigo, disorientation and or dangerous aquatic life			√	√	√
Exposure to underwater hazards and surface hazards			√	√	√
Exposure to blacking out under water, loss of judgment, panic and other underwater physiological hazards			√	√	√
Dangers associated with getting in and out of water craft, as well as slippery rocks, glass and other typical SCUBA hazards			√	√	√
Manufacturer's defects in SCUBA equipment which may affect your safety and well being				√	
Complications associated with pressure on ears, hearing loss, pain, balance, sinus problems and other atmospheric hazards			√	√	
Reoccurring, re-injuring, or causing back problems, pain or injury and other similar problems	√	√	√	√	√
Heart, circulation and breathing difficulties as well as other physiological problems	√	√	√	√	√
Problems with allergies, medications, reaction times, headaches and others not mentioned	√	√	√	√	√
My own negligence, which may place me jeopardy such as running out of air.				$\checkmark$	

I acknowledge that the enjoyment and excitement of the Activity is derived in part from the inherent risks incurred by this Activity beyond the accepted safety of life at home or work. These inherent tasks contribute to such enjoyment and are a reason for my participation. I am solely responsible for the decision to participate and to continue with this Activity. I expect you to rely on my statement that I have submitted my health history to you and that I have been cleared by my physician to undertake this type of Activity.

I assume these risks and understand my responsibility in the decision-making. I agree to obey all W.E.U. rules and the guidelines of the Instructors conducting the Activity.

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## PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT \*\*\*READ BEFORE SIGNING\*\*\*

Participant Name:		Age:			
In consideration of being allowed I the undersigned, acknowledge		he program, related events	s and activities (hereafter called the <b>Program</b> ),		
for permanent paralysis, disabiting my own or other's equipment; in animals; Fatigue, chill and/or dinclude but are not limited to riwater into my body orifices, exin an unanticipated manner cause that failure to do so increases the 2. I KNOWINGLY AND FRE NEGLIGENCE OF THE RESTAIL AND STAIL AND	lity and death. These risks incomy own negligence and/or the rizziness which may diminish makes of exposure to elements, exposure to animals with the risk sing injury and/or death. I agree the potential for severe injury of ELY ASSUME ALL SUCHR LEASEES or others, and assume that terms and conditions for paremove myself from participate cessary for the (Releasees) to restrict the program. I accept the gage in any activity beyond my make in the program and have no planters in the program and have not any independent of privacy, compensation, of the participants, sponsors, advoct premises used to conduct the to any INJURY, DISABILIT MTHE NEGLIGENCE OF Toght to substitute programs due	lude but are not limited hegligence of others; Attac hy/our reaction time and in accessive heat, hypothermia of them kicking, biting, she to wear any necessary saw death and absolves the EISKS, both known and unline full responsibility for my articipation. If I observe an ion and bring such to the action and bring such to the action and bring such to take a capabilities and will not control to be an advised otherwised with this program, whether to whe the covided by me for publicity to pyright or other ownersh are sentatives and next of king the program (RELEASES Y OR DEATH I may suffer HERELEASES OR OT to weather, participant ability of the sufficient of the coverage of the participant ability of the sufficient of the suf	ny unusual significant hazard during my attention of the nearest official immediately. icipation if I am judged to be incapable of a such actions for the safety of myself and/or cause any third party to be endangered by any of one or problems that would affect my safe by a qualified medical person. For on or off the premises, I consent to the use of try, promotion, television, websites or any other nip right connected to same. In, HEREBY RELEASE, INDEMNIFY, AND ports (WWS) its officers, directors, officials, independent contractors, sub-contractors and, if S), from any and all claims, demands, losses, and er, or loss or damage to person or property, THERWISE, to the fullest extent permitted by law fility, participant behavior, and any other		
	ty to read this entire docume		derstood it, and I agree to be bound by its term		
Participant Name		Participant	D.O.B		
Address	Call Dhana	City/State	Zip		
Home Phone	Cell Phone	E-m	1811		
Medical Conditions:	1 //				
Emergency contact name and	• —				
	AT I HAVE GIVEN UP SUBST		REEMENT, FULLY UNDERSTAND ITS SIGNING IT, AND SIGN IT FREELY AND		
			_		
Participant's Signatur	e	Age	Date		
This is to certify that I, as parent provided above of all the Releas harmless the Releasees from an	nt/guardian with legal responsib usees, and, for myself, my heirs my and all liability incidents due	oility for this participant, d , assigns, and next of kin, I e to my minor child's invol-	do consent and agree to his/her release as release and agree to indemnify and hold lyement or participation in these <b>Programs</b> as <b>SEES</b> , to the fullest extent permitted by law.		
Parent/Guardian Sign	ature	Date	Emergency Phone Number(s)		