

# WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

**Participant Name and Age:** \_\_\_\_\_

**Date of Hike:** \_\_\_\_\_

**Hike Location:** \_\_\_\_\_

In consideration of being allowed to participate in the **Ozark Trail Hiking Adventures** guided hike, I, the undersigned participant, acknowledge and agree as follows:

1. **Assumption of Risk:** I understand that hiking and related outdoor activities involve inherent risks, including but not limited to falls, physical exertion, uneven terrain, wildlife encounters, weather conditions, and other hazards. I voluntarily assume all risks associated with my participation in this activity.
2. **Release of Liability:** I hereby release and hold harmless **Ozark Trail Hiking Adventures**, its guides, employees, contractors, and agents from any and all liability for any injury, illness, loss, or damage to person or property arising out of my participation in the Activity, whether caused by the negligence of the above parties or otherwise.
3. **Medical Treatment:** I consent to receive emergency medical treatment if necessary and agree to be responsible for any costs incurred for such treatment.
4. **Fitness to Participate:** I confirm that I am physically fit and capable of participating in the Activity, and I have not been advised by a healthcare professional to refrain from participating in physical activities.
5. **Indemnification:** I agree to indemnify and hold harmless **Ozark Trail Hiking Adventures** from any claims, damages, or expenses arising from my participation in the Activity, including legal fees.

By signing below, I acknowledge that I have read and fully understand this waiver, and I voluntarily agree to its terms. This waiver expires 60 days after signing.

**Participant/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_