



**COLORADO
BIRDING
ADVENTURES**

All participants MUST complete his/her own copy of this form. If participant is under age 18, a parent or guardian must also sign this form. Participation in this trip is not permitted if this form is not fully completed and signed prior to the start of the trip.

Colorado Birding Adventures Participant Agreement

Trip Name: _____ **Trip Date:** _____

I, _____, hereby acknowledge that it is my own free choice to participate in the trip designated above.

I understand that the designated trip may be HAZARDOUS and involve a risk of physical injury. I expressly assume all risks associated with participating in the trip, including but not limited to: variable weather conditions; encounters with wildlife; existing and changing trail conditions; rocks; stumps; trees; erosion; collisions with natural objects; man-made objects; or other persons; and variations in terrain. Despite all these and other potential risks, I voluntarily accept all risks and choose to participate in the trip.

I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destructions of any personal property resulting from or arising out of participation in the designated trip. I also release, waive, indemnify, hold harmless, and discharge Colorado Birding Adventures and Carl Bendorf from all claims, damages, and injuries arising out of the designated trip. I intend that this agreement shall apply to all claims, regardless of whether founded, in whole or in part, on any negligent act or omission of any of the released parties. In the event of an injury requiring medical care during the designated trip, the personal health insurance of the undersigned will be responsible for payment of medical services and care.

I understand and agree that it is my sole responsibility to safeguard my personal property while participating in any events or activities. I hereby release Colorado Birding Adventures and Carl Bendorf from all liability for loss or damage to my personal property while participating in any events or activities. I also agree to abide by any rules, regulations and policies set forth by Colorado Birding Adventures.

I understand and agree to use any safety equipment, including but not limited to automobile safety belts, supplied by Colorado Birding Adventure, and acknowledge by my signature below that I will wear the proper safety equipment and have been instructed on how to properly use such equipment.

In case of physical injury or medical emergency, I hereby authorize Colorado Birding Adventures or Carl Bendorf to make necessary arrangements to transport me or my child to a medical treatment facility as necessary. All such transportation and medical treatment will be at my sole cost and expense. In extreme emergency, or if I am under 18 years of age, I understand that

Colorado Birding Adventures or Carl Bendorf will attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me.

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the waiver and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the written statement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity (including moderate exercise at high altitude) and that I will pay any medical costs that may be attendant as a result of injury to me.

Colorado Birding Adventures reserves the right to use photographs or videos taken during events or activities for the purposes of education, advertising or promotion of Colorado Birding Adventures. Participants or parents of participants who do not wish to consent with this photo/video policy must notify us prior to participation.

PARTICIPANT'S PRINTED NAME _____

Address _____

City _____ ST _____ Zip _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

I, the undersigned participant, affirm that I am age 18 years or older, that I have read and understand the provisions above that this is a release of liability, and that I am freely signing this agreement.

SIGNATURE: _____ DATE: _____

LIST ANY MEDICAL CONDITIONS, ALLERGIES, ETC.:

PARENT/GUARDIAN WAIVER FOR MINORS (UNDER AGE 18)

I hereby certify that I, _____, am the parent or guardian of the participant named above and do hereby give my consent without reservation to the foregoing on behalf of this individual.

RELATIONSHIP TO MINOR: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____