



ST. ELIAS ALPINE GUIDES, LLC

Acknowledgment and Assumption of Risk

WARNING: There are significant risks in any outdoor adventures (referred to as "Activities"), such as mountaineering, bicycling, camping, climbing/hiking/trekking, fishing, hunting, skiing, sledding, swimming, rafting, as well as risks associated with transportation for an Activity by vehicle, aircraft, water craft, use of animals, and also risks of equipment used in an Activity, including firearms or other weapons, wilderness lodges, presence of wild animals, high altitude illnesses, and weather conditions. We have taken reasonable steps to provide you with appropriate equipment and/or skilled guides so you can enjoy an Activity for which you may not be skilled, but you are reminded that no Activity is without risk. Certain risks cannot be eliminated without destroying the unique character of the Activity. The same elements that contribute to the unique character of the Activity can be causes of loss or damage to your equipment or accidental injury, illness, or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for your Activity, but it is important for you to know in advance what to expect and to be informed of the inherent risks involved.

ACKNOWLEDGMENT OF RISKS. I acknowledge the following are some but not all of the risks involved in an Activity: **1)** Slip and fall, **2)** Cold weather and heat related injuries and illnesses including frostnip, frostbite, heat exhaustion, heat stroke, hypothermia, high altitude illnesses, physical exhaustion, **3)** "acts of nature" including snow and rock avalanches, rock fall, inclement weather, thunder and lightning, severe and/or varied wind, temperature or weather conditions, **4)** River crossings, fording, portaging, or travel including travel to or from the Activity, **5)** Risk associated with crossing, climbing or down-climbing rock, snow and/or ice, **6)** Equipment failure and/or operator error, **7)** Discharge of weapons, **8)** Risks typically associated with watercraft including change in waterflow or current, submerged, semi-submerged and overhanging objects, capsizing, swamping or sinking of watercraft and resultant injury, hypothermia, or drowning, **9)** My sense of balance, physical condition and coordination, and ability to follow instructions, **10)** Attack by or encounter with insects, reptiles, or animals. **11)** Accidents or illnesses occurring in remote places with no medical facilities, services, or rescue available; **12)** Fatigue, chill or dizziness, which may diminish my/our reaction time and increase the risk of accident, **13)** Transportation by aircraft and other types of vehicles.

I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness, or death.

MY CONDITION. In consideration for your services I certify that I have had the opportunity to discuss my mental and physical condition relative to the Activity with my doctor and that I/we are fully capable of participating in the Activity, and safely using the equipment.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY. I am aware that this Activity entails risks of injury or death to myself and minors in my care. I agree to assume the risks identified herein as well as those risks not specifically identified. My participation in this Activity and that of minors in my care is voluntary. No one is forcing me/us to participate and I/we elect to participate in spite of the risks involved. I/we accept that wearing a U.S. Coast Guard approved personal flotation device for waterborne Activities is a basic safety precaution. I assume full responsibility for the risks of personal injury, accidents or illness, including but not limited to sprains, torn muscles and/or ligaments, broken bones, exposure and/or altitude sickness, head/ neck injuries, death, the risks of transportation by aircraft, watercraft, or other means, and any resultant expenses from any of the foregoing risks, including rescue. I also assume responsibility for damage to or loss of my/our personal property resulting from an accident.

GOOD FAITH. As a provider of goods and/or services, you will operate under a covenant of good faith and fair dealing, but that in your judgment it may be prudent to terminate an Activity, or you may refuse, terminate, or limit any persons participation in the Activity for the safety of myself and/or other participants. I acknowledge that no guarantees are made as to achieving objectives.

AUTHORIZATION. I authorize any medical treatment deemed necessary to myself or minors in my care for injuries while participating in the Activity. I have adequate insurance or, if not, I agree to pay all costs of medical services incurred on my/our behalf.

I HAVE READ AND UNDERSTAND THE FOREGOING ACKNOWLEDGMENT AND ASSUMPTION OF RISKS.

Participant's Name (printed): _____; Age: _____

Participant's Signature: _____; Date: _____

If Participant is under 18 years, Parent or Guardian sign here: _____

In an emergency, notify (print): _____; Phone: _____

List all known allergies (medications, plants, insects, etc.): _____

Advise if under doctor's care or using prescription medications: _____