

## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Rites of Passage NW LLC, their agents, owners, officers, volunteers and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "RITES"), I hereby agree to release, indemnify, and discharge RITES, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in guided overnight hiking, backpacking, and camping activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

2. **The risks include, among other things:** slips and falls; falling objects; flying debris; rugged terrain; weather conditions; water hazards; accidental drowning; collision with fixed or movable objects; cuts, bruises, burns, abrasions, and concussions; strains, sprains, muscle soreness and fractures; musculoskeletal injuries including head, neck, and back; injuries to internal organs; loss of fingers or other appendages; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; exposure to altitude and cold including hypothermia, frostbite, acute mountain sickness, cerebral and pulmonary edema; tree wells, tree stumps, creeks rocks and boulders, loss or damage to equipment being used; improper lifting or carrying; being lost or separated from their guides or companions; the negligence of participants, or other persons who may be present; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; transmissible pathogen or disease ; traveling to and from activity locations raises the possibility of any manner of transportation accidents; my own physical condition, and the physical exertion associated with this activity; the condition of roads, terrain, or highways and accidents connected with their use.

Furthermore, RITES personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I agree to wear a properly fitted and secured helmet while participating in this activity as deemed necessary.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless RITES from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of RITES's equipment or facilities, **including any such claims which allege negligent acts or omissions of RITES.**
4. Should RITES or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against RITES, I agree to do so solely in the state of Washington, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against RITES on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at RITES. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of the following minor(s): (print name(s)) \_\_\_\_\_  
being permitted by RITES to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless RITES from any and all claims which are brought by, or on behalf of minor(s), and which are in any way connected with such use or participation by minor(s).

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_