

WAIVER AND RELEASE OF LIABILITY AGREEMENT

PLEASE READ CAREFULLY – THIS IS A LEGAL DOCUMENT

This Waiver and Release of Liability (the “Agreement”) is entered into by and between the undersigned participant (the “Participant”) and **Lilia Anteau**, owner of **Adventure Core Nutrition and Fitness**, in connection with guided hikes, fitness activities, transportation, and any other outdoor or physical activities (the “Activities”) organized or led by Lilia Anteau.

1. Assumption of Risk

I, the Participant, understand and acknowledge that outdoor activities, including but not limited to hiking near rivers, waterfalls, steep terrain, and other natural hazards, involve inherent risks of injury, illness, permanent disability, or death. I also understand that participation may involve travel to and from activity locations, sometimes in the personal vehicle of Lilia Anteau, which carries its own inherent risks. I voluntarily choose to participate in these Activities with full knowledge of the risks involved and assume all such risks.

2. Release of Liability

In consideration for being permitted to participate in the Activities, including being transported in a personal vehicle, I hereby release, waive, discharge, and covenant not to sue **Lilia Anteau, Adventure Core Nutrition and Fitness**, their agents, employees, volunteers, representatives, successors, and assigns (collectively, the “Released Parties”) from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, injury, or death that may be sustained by me or my property during or as a result of participation in the Activities or transportation to or from said Activities, whether caused by the negligence of the Released Parties or otherwise.

3. Indemnification

I agree to indemnify, defend, and hold harmless the Released Parties from any loss, liability, damage, or cost, including attorney’s fees, that may result from my participation in the Activities or my breach of this Agreement.

4. Fitness to Participate

I certify that I am physically fit, have not been advised against participation by a qualified health professional, and am able to safely participate in all aspects of the Activities.

5. Medical Treatment

I authorize the Released Parties to seek emergency medical treatment for me if necessary. I agree to be financially responsible for any medical treatment provided as a result of injury during the Activities.

6. Transportation Acknowledgment

I understand and acknowledge that transportation to and from activity locations may be provided informally and voluntarily in the personal vehicle of Lilia Anteau. I knowingly accept the risks of traveling as a passenger in a private vehicle and hereby release the Released Parties from any liability associated with such transportation.

7. Governing Law and Venue

This Agreement shall be governed by and construed in accordance with the laws of the state in which the Activities take place. Any legal action or proceeding arising under this Agreement shall be brought exclusively in the courts of that state.

8. Severability

If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall continue to be valid and enforceable.

9. Acknowledgment of Understanding

I have read this Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Name (Printed): _____

Participant's Signature: _____

Date: _____

Emergency Contact Name and Phone Number: _____