

Waiver and Release

In consideration of being allowed to participate in any way in the Chilean Adventures program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CHILEAN ADVENTURES, their officers, officials, agents and/or employees, other participant, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used for the activity (Releasees), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

MEDICAL RELEASE

I hereby authorize Chilean Adventures, Todd Ericson, or other adult person into whose care my child had been entrusted, to consent to any emergency X Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, under the supervision of and as deemed advisable by a physician licensed under the medical practice Act. It is understood that this authority is given in advance of the need for any diagnosis, treatment, or hospital care.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (Under age 18 at the time of registration)

This is to certify that I, as parent/guardian/participant with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to

indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

I authorize the release of my child's photograph and/or video of my child to Chilean Adventures. I authorize Chilean Adventures permission to use photographs, testimonials and video composed by our child through Chilean Adventures' programs for academic, promotional, and commercial purposes.

(Signature)

(Day of Birth)

(rut number or passport)

(Signature of parent or guardian)

(Name)

(Email address)

(telephone number)

(address)

(city)

(state)

(date)