

**WAIVER, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**WARNING: PLEASE READ CAREFULLY. BY SIGNING THIS, YOU GIVE UP THE RIGHT TO SUE ON YOUR BEHALF AND ON BEHALF OF YOUR CHILDREN.**

**TO: CLEARWATER BASIN MOUNTAIN ADVENTURES AND ALL OFFICERS, EMPLOYEES, AGENTS THEREOF (COLLECTIVELY THE "OUTFITTER")**

In consideration of the Outfitter accepting my application, on behalf of myself and any minor child on whose behalf I sign this agreement, to participate in a horse or wagon trip organized by Clearwater Basin Mountain Adventures, I agree to this Release of Claim, Waiver of Liability, Assumption of Risk and Indemnity Agreement (collectively "this agreement").

I declare that in participating, or in permitting this participation of any minor child in respect of whom I sign this Agreement, in any activity or service operated or organized by the Outfitter, I waive any claims I may have against the Outfitter and release the Outfitter from all liability for injury, death, property damage or loss sustained by me as a result of my participation in such activity, due to any cause whatsoever including without limitation, negligence on the part of the Outfitter.

I further agree to indemnify the Outfitter against any liability resulting from such participation by any minor child in respect of whom I sign this Agreement.

I acknowledge that trail rides and wagon rides involve risks and dangers, some of which may include: weather, which can be extreme and can change rapidly without warning, remote locations in natural and mountainous terrain where natural hazards abound, where participants may become lost or separated from their guide, where rescue and communication can be difficult and where medical treatment may be unavailable.

I fully understand the risks and dangers involved in the activities and accept the same entirely at my own risk.

The terms hereof shall be binding upon me, my heirs and personal representatives and upon any minor child in respect of whom I sign this Agreement.

Date: \_\_\_\_\_

\_\_\_\_\_

Witness

\_\_\_\_\_

Signature of Participant, Parent or Guardian.

\_\_\_\_\_  
Name of Child ( if under 18 years )

\_\_\_\_\_  
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