

Mariposa Trails

PARTICIPANT'S ACKNOWLEDGEMENT OF RISKS

In consideration of the programs and activities of **Mariposa Trails**, their officers, agents and employees, and all other persons or entities associated with it (hereinafter collectively referred to as "**MT**", I agree as follows:

Although **MT** has taken reasonable steps to provide me with appropriate equipment and direction so I can enjoy an activity for which I may not be skilled, **MT** has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my gear, or accidental injury, illness, or in extreme cases, permanent trauma or death. **MT** does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

Notice of Risks and Hazards: MT volunteers, especially those in field-based positions, face challenging terrain and outdoor activities that include, but are not limited to cliffs, loose soil, crumbling rocks and natural features subject to falling; water hazards (river crossings, frozen water, waterfalls and impure water); hazardous plant life; exposure to temperature and weather extremes (lighting strikes, floods, heat and freezing); darkness; wilderness areas free of signs, trails, and maps; absence of prompt medical attention; equipment failure; and, heavy lifting or carrying. The above factors contribute to the level of risk a participant may experience, and include, but is not limited to, slipping, tripping and falling; impact from falling objects (rocks, trees and branches thereof); animal and insect bites; accidental drowning; hypothermia (cold-related illnesses); hyperthermia (heat related illnesses); heat exhaustion; sunburn; dehydration; Giardia; and, infections or stomach ailment. The participant could experience disorientation, exhaustion and fear, each of which could amplify the exposure to the risks listed above.

I am aware that participating in **MT** programs and activities entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to

assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the agents of **MT** has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

Signature	PRINTED NAME	Date
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Signature of Parent of Guardian (if participant is under 18 years of age)

Signature	PRINTED NAME	Date
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