

RESERVA ALTO COCA (RAC) - RELEASE OF LIABILITY

NAME: _____

PROGRAM: HIKING VISIT

DATES OF ACTIVITIES: _____

POSSIBLE ACTIVITIES: Hiking in Ecuadorian Wilderness, Construction, Camping in Remote Area, Machete Use on Trails, Deep Mud, Steep Slopes, Trail Constriction and Maintenance, Climbing Trees, Carrying Heavy Loads, Cooking with Gas Stoves and Fire Pits, Swimming and Walking in Streams, Crossing Streams, Swimming and Surfing in the Ocean, Biking, and other activities.

THIS IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY

I understand and accept that my visit to RAC may expose myself to many risks. Some of the risks, which may be present or may occur include, but are not limited to the following:

- Hazards of traveling by foot or vehicle to and from the RAC.
- Carrying heavy loads on muddy and steep trails, where tripping and stumbling could result in injury.
- Objects falling from the forest canopy or from structures under construction.
- Use of sharp tools, such as machetes that could result in injury.
- Injury swimming or walking in rocky streams.
- Burn injuries from stoves or wood fires.
- Injuries inflicted by animals, insects, reptiles, or plants.
- Gastro-intestinal infections and symptoms.
- Psychological stress from living a remote area.
- The forces of nature including, but not limited to, lightning, weather/temperature changes, sunburn, high winds, earthquakes, landslides, volcanic eruptions, etc.
- The physical exertion and stress associated with this outdoor activity – dehydration, heat stress, hypothermia, cramps, joint/disc/tendon injury, general soreness, etc.
- The site is a 3-hour long hike and 1-hour drive to the nearest hospital.

I understand that participation in a visit to RAC is entirely VOLUNTARY. I have freely chosen to participate and understand that I may choose to stop at any time. I hereby assume the risks and perils directly or indirectly with this outdoor activity. I understand that this activity may subject me to rigorous physical exertion. I hereby state that I am in sufficiently good physical condition to accept this level of activity. I certify that I am responsible for all the financial costs associated with an evacuation and medical expenses. I certify that I have sufficient insurance coverage to cover these costs.

In consideration of the opportunity to visit RAC, I have and do hereby release and will hold harmless, RAC, and all its officers, employees, and agents, from any and all liability, causes of action, debts, claims and demands of every kind and nature whatsoever for injury to person, including death and/or permanent or partial disability, or damage to property that may occur as a result of my participation in said activity. The terms hereof shall serve as a release, identification, and assumption of risk for my heirs, executors and administrators and for all members of my family, including any minors for which I have responsibility.

Prior to signing this document, I have had an adequate opportunity to read and understand it. I have had an opportunity to ask questions about it, and I have had my questions answered to my satisfaction.

NAME _____ DATE _____

ADDRESS _____

SIGNATURE OF VISITOR _____

PARENT OR GUARDIAN SIGNATURE _____