Waiver Go Fundy Tours Inc

I, the undersigned, acknowledge that there are dangers associated with hiking or walking on Go Fundy Tours Inc tour. I assume all such risks, hazards, and dangers knowingly and voluntary. I hereby relinquish and irrevocably waive all claims of whatever nature against the Go Fundy Tours Inc, and all other persons, associations, and entities associated with the Go Fundy Tours Inc, their officers, directors, against, affiliated companies, licensees, and employees, and release parties from any and all claims, losses, damage, or liability for personal injury, death property damage, or otherwise, arising out of or in any way connected with my participation in hiking/walking.

I have read and understand this Waiver and intend to be legally bound by it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Participant, Parent, or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Legal Guardian, state relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and number of who to get in touch with in emergency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness

 (Complete back of page)

 Go Fundy Tours Inc

Medical Checklist:

Please check the appropriate response below. If you place a check in the yes column, inform the supervisor of the specifics. All information is confidential.

 Do I have medical condition that YES NO

 May affect me while on the Go Fundy

 Tours Inc tour? \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

 Do I have any allergies that may YES NO

 affect me while on the Go Fundy

 Tours Inc tour? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

 Am I carrying or taking medication YES NO

 that the Go Fundy Tours Inc should

 know about? \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

If you answered “YES” on any of this questions please explain:

Signed this \_\_\_ day of \_\_\_\_\_\_, 20\_\_ at\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name clearly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name clearly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_