

Daybreak Excursions, LLC

www.daybreakexcursions.com

Tel: (240) 731 9936

PARTICIPANT RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Daybreak Excursions, 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 such as rock climbing, caving, rappelling, kayaking, and activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, 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 attention of the nearest official 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 Daybreak Excursions, the officers, officials, agents, and/or employees, other participants, sponsoring agencies, advertisers, and, the owners and lessors of the premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, to the fullest extent permitted by law.
5. The Venue of any dispute that may arise out of this agreement, or otherwise, between the parties to which Daybreak Excursions or its agents is a party, shall be either the U.S. District Court of Frederick County, Maryland, or the State Supreme Court of Maryland.

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.

X _____ Age: _____ Date Signed: _____

Participants Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(Under age 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/ guardian with legal responsibility for this participant, do consent and agree to his/ her release as provided above of all Releasees, and, for myself, my 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, to the fullest extent permitted by law.

X _____

PARENT/ GUARDIAN SIGNATURE EMERGENCY PHONE NUMBERS

Date Signed: _____

Please be sure to fill out page 2

Daybreak Excursions reserves the right to use any and all photos and/or videos for marketing promotional purposes.

Please initial here _____

Medical Registration Form-Page 2

Prior conditioning is strongly recommended. On all of our activities, clients are expected to take personal responsibility for their own safety.

Please consider the statements below carefully as you complete this Medical Registration Form. A "yes" answer does not necessarily cancel your enrollment.

Name _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Who to Contact in Case of Emergency:

Name _____ Phone _____

Name of Physician _____

Phone _____

Please check YES or NO for each line •

Do you currently have a history of? Yes No

1. Cardiac Problems 1. ____ ____

2. Respiratory or Asthma Problems 2. ____ ____

3. Diabetes or Blood Sugar Problems 3. ____ ____

4. Epilepsy or Seizures 4. ____ ____

5. Mental or Neurological Problems 5. ____ ____

6. Bleeding Disorders 6. ____ ____

7. Musculoskeletal Injuries, breaks, sprains, dislocations 7. ____ ____

8. Allergic to Medication? **Specify** _____ 8. ____ ____

9. Allergic to insects, food, or plants? Anaphylaxis? 9. ____ ____

Specify _____

Do you carry Epinephrine?

10. Allergic to Iodine (Water Purification) 10. ____ ____

11. Currently taking any prescriptions or Meds 11. ____ ____

Specify _____

12. Do you see a Specialist of any kind? 12. ____ ____

13. Are you pregnant? 13. ____ ____

14. Do you carry Medical Insurance? 14. ____ ____

Specify _____

Please explain any "yes" answers:

Date of your last Doctor visit and why:

Your age: _____ Height: _____ Weight: _____

I understand and acknowledge that Daybreak Excursions is not making a determination of my fitness for an outing; rather, I represent to Daybreak Excursions and verify that I am physically fit and ready for an outing by placing my initials here.

Please initial here _____

Verification of Accuracy and Full Disclosure

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and others during an outing. I represent and warrant that I have provided all material and important information to Daybreak Excursions pertaining to my medical, mental and physical condition in view of my participation. I agree to notify the Daybreak Excursions Lead Instructor if there is any change in my mental, physical or medical condition prior to my scheduled activity.

Please initial here _____

Consent for Medical Treatment

I consent to emergency first aid or medical treatment, which may become necessary during or in connection with my participation on a Daybreak Excursions outing.

Please initial here _____