

VOJAS ADVENTURES (VOJAS LLC) WAIVER AND RELEASE OF LIABILITY FORM

Participant Information:

- **Name:** _____
- **Address:** _____
- **City, State, ZIP:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Emergency Contact Name:** _____
- **Emergency Contact Phone Number:** _____

Acknowledgment and Assumption of Risk: I, the undersigned participant, hereby acknowledge that I have voluntarily chosen to participate in the adventure activities provided by VOJAS ADVENTURES (VOJAS LLC) including but not limited to adventure hiking trips, adventure camping trips, water adventures, and any other services offered by VOJAS LLC (collectively, the "Activities").

I understand that the Activities involve inherent risks and dangers, including but not limited to physical exertion, exposure to natural elements, encounters with wildlife, use of equipment, potential for slips, falls, drowning, and other accidents or illnesses that may result in injury, death, or property damage. I acknowledge that these risks cannot be completely eliminated even with the use of best practices and safety equipment.

Waiver and Release of Liability: In consideration of being permitted to participate in the Activities, I, for myself, my heirs, executors, administrators, assigns, and personal representatives, do hereby waive, release, discharge, and covenant not to sue VOJAS LLC, its officers, directors, employees, agents, contractors, and all others associated with VOJAS LLC (collectively, the "Released Parties") from any and all liability, claims, demands, actions, or causes of action of any kind arising out of or related to any loss, damage, injury, or death that may be sustained by me or my property, whether caused by the negligence of the Released Parties or otherwise, while participating in or traveling to or from the Activities.

Indemnification: I agree to indemnify and hold harmless the Released Parties from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, brought as a result of my participation in the Activities and to reimburse them for any such expenses incurred.

Medical Treatment: I understand that in the event of an injury or illness, reasonable efforts will be made to contact my emergency contact. However, if my emergency contact cannot be reached, I hereby consent to receive medical treatment, including but not limited to first aid, emergency medical care, and hospitalization. I agree to be responsible for any costs associated with such medical treatment.

Governing Law: This Waiver and Release of Liability shall be governed by and construed in accordance with the laws of the State of [Your State], without regard to its conflict of laws principles. Any legal action or proceeding arising out of or related to this Waiver and Release of Liability shall be brought exclusively in the courts of the State of [Your State].

Severability: If any provision of this Waiver and Release of Liability is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

Acknowledgment of Understanding: I have read this Waiver and Release of Liability and fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant: _____

Date: _____

Parent/Guardian Signature (if participant is under 18):

Date: _____

Printed Name of Parent/Guardian: _____