## **CANYON RIDGE GUIDING, LLC**

## **VISITOR'S ACKNOWLEDEMENT OF RISK**

I acknowledge that participation in recreational activities ("activities") associated with Canyon Ridge Guiding, LLC including but not limited to hiking, shooting firearms, camping and off-road vehicle travel may test a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by natural conditions, weather, and terrain. I certify that I and my family, including minor children, are fully capable of participating in the hunting activities I/we have contracted with Canyon Ridge Guiding. Therefore, I assume full responsibility for personal injury to myself and/or members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in the activities except to the extent such damage or injury may be due to the negligence of Canyon Ridge Guiding. I further understand that Canyon Ridge Guiding reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the activities. I certify that I am physically fit and have not been advised otherwise by a qualified medical person that I cannot or should not participate.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and or illness during these activities.

I understand that at I may be photographed during these activities. I agree to allow my photo, video or film likeness to be used for any legitimate business purpose by Canyon Ridge Guiding, LLC without any compensation to me.

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the guided hunt.

| Participant signature              |                       |     |     |
|------------------------------------|-----------------------|-----|-----|
| Printed name                       |                       |     |     |
| Address                            |                       |     |     |
| City                               | State                 | Zip |     |
| Phone                              | Mobile                |     |     |
| E-mail                             |                       |     |     |
| Emergency contact                  |                       |     |     |
| Emergency Contact Phone            |                       |     |     |
|                                    |                       |     |     |
| Parent or Guardian for minors [ui  | nder 18 years of age] |     |     |
| Signature of parent or guardian of | minor                 |     |     |
| Printed Name                       |                       | Dat | · o |