Rippin’ Lips Fishing Guide Service

Waiver & Release of Liability Claims and Assumption of Risk Acknowledgment

ALL PATRONS of Rippin’ Lips Fishing Guide Service must complete the waiver form before the beginning of any fishing. I hereby acknowledge that participating in fishing activities presents a risk of personal injury, death and damage or loss of personal property which may result from, but is not limited to the following: fishing bodies of water, boarding and un-boarding of watercraft, natural hazards including, but not limited to lightning storms and other adverse weather conditions; domestic or wild animals; fire; travel either on foot or in a vehicle in unfamiliar terrain or over fences and other structures, artificial and natural obstructions and unimproved roads. I hereby acknowledge and recognize the existence of these risks, and ASSUME ALL RISKS COMPLETELY, and agree that I SHALL HOLD HARMLESS AND TAKE NO ACTIONS OR SUITS, FOR DEBTS, DUES, SUMS OF MONEY, CLAIMS OR DEMANDS WHATSOEVER AT LAW OR IN EQUITY AGAINST Rippin’ Lips Fishing Guide Service and its owners or employees, property or other guides or aides for injury, death, property damage or loss associated with relating to or arising from those risks enumerated above or otherwise that occur while I am participating in any stage of a fishing package trip(s) with said guide or charter service. I understand and acknowledge that by signing this document that I have given up certain legal rights and/or possible claims, which I might otherwise assert or maintain against Rippin’ Lips Fishing Guide Service and its owners or employees. These rights are specifically, but not limited to, rights arising from claims or demands for acts of omissions or negligence in any degree of Rippin’ Lips Fishing Guide Service, their guides, aides and all other related persons or entities. Under no circumstances will Rippin’ Lips Fishing Guide Service and its owners or employees be held liable for damages in excess of the price of the trip. I understand that this contract reflects our entire agreement and that my signature indicates that I have read and understand this document and that I have signed this document of my own free will. I understand that this waiver applies to any and all trips I participate in with Rippin’ Lips Fishing Guide Service and its owners and employees. I further state that I am of lawful age to sign this release and waiver agreement or

that I am signing it on behalf of a minor for whom I’m legally responsible. If signing for a minor please sign again below.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent for a Minor

I hereby give consent that my child/children or minor for whom I am legally responsible as here listed participate in a guided trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

And I hereby execute the above Agreement, Wavier, and Release on his/her behalf. I hereby agree to hold Rippin’ Lips Fishing Guide Service and its owners and employees, and any other persons or entities mentioned above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of death or any injury or property damage that said minor may sustain while participating in said activity.

Minors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact & #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_