



## Participant's Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

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

Please read over and sign this waiver prior to the event. A waiver is required for each person in attendance. Minors must have a parent or legal guardian complete and sign the waiver.

By signing this form you agree that you are personally responsible for your own safety and actions while attending our event. You agree to comply with all TNE policies, rules, and procedures and waive, release, and discharge from any and all liability of death, disability personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me or my traveling to and from this event. The following entities are covered by this wavier: True North Expeditions, Inc. (TNE), staff, volunteers, representatives, agents, and 3rd party outfitters.

- I acknowledge that this event is an extreme test of 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: actions of participants, volunteers, or staff; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in this event.
- I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person.
- I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.
- I understand that at this event or related activities I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, or organizers.

I agree that I am personally responsible for my safety and actions while attending an event of True North Expeditions, Inc. I agree to comply with all TNE policies and rules. Because we travel to other communities, and because True North Expeditions, Inc. is open for use by other individuals, I recognize that I may put myself at higher risk of contracting **COVID-19**.

By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and Indemnification requirements contained in this document; I am sufficiently informed about the risks involved in using the TNE decide whether to sign this document; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this document for full, adequate, and complete consideration fully intending to be bound by the same. I agree that this Waiver of Liability shall be governed by and construed in accordance with Illinois law and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Waiver of Liability as a whole. This waiver remains in effect until all local, state, and federal guidelines related to **COVID-19** are lifted.

Post-event, if a client becomes sick and experiences COVID-19 related symptoms they are required to contact the owners of True North Expeditions, Inc.

Name of Participant (Printed): \_\_\_\_\_ *Participant Signature:* \_\_\_\_\_

If under 18, Parent or Guardian Name: \_\_\_\_\_ *Parent or Guardian Signature:* \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_

Witness Name (Printed): \_\_\_\_\_ *Witness Signature :* \_\_\_\_\_

\*\*\*If you have any medical conditions that you think we should be aware of, please list them here and notify the vent organizer.\*\*\*