



Liability and Accident Waiver Form

Explore Arkansas

Participant Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone Number: _____

Acknowledgment of Risk and Waiver of Liability

By signing this Liability and Accident Waiver ("Waiver"), I acknowledge and agree to the following terms and conditions:

1. **Assumption of Risk** I understand and accept that participating in activities organized by Explore Arkansas may involve inherent risks, including but not limited to:
 - a. Physical injury or harm from hiking, biking, kayaking, climbing, or other outdoor activities;
 - b. Exposure to natural elements, such as weather changes, wildlife, or rough terrain;
 - c. Accidents, falls, or collisions.

I voluntarily assume full responsibility for these risks, whether foreseen or unforeseen.

2. **Release of Liability** I release and hold harmless Explore Arkansas, its employees, agents, volunteers, and affiliates ("Released Parties") from any and all claims, demands, actions, or causes of action, including but not limited to those resulting from:
 - a. Personal injury, illness, or property damage;
 - b. Negligence by any Released Party;
 - c. Participation in any activity related to Explore Arkansas.
3. **Medical Treatment Consent** In the event of an emergency, I authorize Explore Arkansas to provide or arrange medical care on my behalf. I assume full responsibility for any associated costs.
4. **Insurance** I acknowledge that it is my sole responsibility to maintain adequate health and accident insurance coverage for my participation in Explore Arkansas activities.
5. **Photography and Media Release** I grant Explore Arkansas permission to photograph or record me during activities and to use these materials for promotional or educational purposes without compensation.
6. **Compliance with Rules and Instructions** I agree to follow all rules, guidelines, and instructions provided by Explore Arkansas staff. Failure to comply may result in dismissal from the activity without refund.
7. **Minors** If signing on behalf of a minor (under 18 years of age), I certify that I am the legal guardian of the minor and accept all terms of this Waiver on their behalf.

Governing Law

This Waiver shall be governed by the laws of the State of Arkansas. Any disputes arising from participation in Explore Arkansas activities shall be resolved in accordance with these laws.

Signature and Agreement

I have read, understood, and agreed to the terms outlined in this Waiver. By signing, I certify that I am legally competent to execute this document.

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if applicable): _____

Date: _____