



Joshua Tree Excursions

Health & Fitness Liability Waiver/Informed Consent Form

I, _____, am voluntarily participating in an outdoor adventure activity offered by 29 Trail Tours LLC, DBA “Joshua Tree Excursions” and “Death Valley Excursions”. I recognize that this activity may involve strenuous physical activity including, but not limited to, hiking, backpacking, climbing, exposure to the elements and other potentially strenuous physical activities.

I understand that, the activity I am participating in, may be in a remote location and that rapid access to modern medical treatment and facilities, beyond basic or wilderness first aid will be limited. Furthermore, I realize that should I become injured, sick or incapacitated, I may not reach definitive medical care within a time frame offering me the best possible chances of recovery; resulting in permanent injury, disability or even death.

I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this activity. I have been advised that an examination by a physician should be obtained by anyone prior to participating in any strenuous activity or prior to, initiating a substantial change in the amount of regular physical activity performed. If I have chosen not to obtain a physician’s consent prior to my participation in this activity, I hereby agree that I am doing so solely at my own risk. I understand that it is my sole responsibility to participate in activities that are appropriate for the current status of my health. If I have any questions or concerns about whether or not a particular activity is appropriate to my current health status, I understand it is my responsibility to ask my doctor if this activity is appropriate before I participate in such activity.

I understand that 29 Trail Tours LLC may, at its discretion and at any time, remove me from participation if it appears that my health or safety may be at risk due to existing, emerging or underlying medical conditions.

I understand that any strenuous activity involves a risk of injury, as well as abnormal changes in blood pressure, which can result in fainting, heart attack, stroke, other serious disabilities or death are possible. I am accepting such risks and volunteering to participate with full understanding of the dangers involved. In consideration of my participation in this program,

I hereby waive and release 29 Trail Tours LLC, its affiliates, officers, agents, successors and the US Government and assigns, from any and all claims, costs, liability and expense for any injury, loss or damage whether known, anticipated or unanticipated arising from my voluntary participation.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND IT. I UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN RIGHTS I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST 29 TRAIL TOURS LLC OR THE US GOVERNMENT.

_____ (Participant Signature)

_____ (Date)