

Yellowbilled Tours Nome Alaska Birding tour June 13th – June 18th, 2011

Release Of Liability Agreement

Each individual participating must sign this form prior to participation. Participants under 18 years of age must also include the signature of a parent or legal guardian. **By signing below, I agree to the following:** I am aware that my involvement in this **Yellowbilled Tours** organized activity presents certain risks to me, including but not limited to bodily injury, illness, death, loss or damage to my personal property, and/or other safety-related dangers. I further understand that activities involving birding, wild life, open space, steep down sloop hills, natural lands, hiking, present inherent risks, including but not limited to variable weather, uneven ground, hill slopes, falling rocks, rock outcroppings, fences, potentially hazardous historic structures, power systems, wells and water systems, natural or man-made water features, potentially hazardous livestock, potentially hazardous wildlife including *GRIZZLE* Bears, Muskox, Rain Deer, Wolves and insects such as ticks, wasps, bees and getting lost, and absence of medical attention. I certify that I am voluntarily participating in this organized activity and I voluntarily assume all risks, consequences, and potential liability for this participation.

I hereby **WAIVE, DISCHARGE AND RELEASE FROM LIABILITY** **Yellowbilled Tours** and their respective employees, Board of Directors, members, instructors, volunteers, and their representatives and assigns, from **any and all liability**, claims, causes of action, debts, and demands that may arise from my participation. In the case of my injury, accident, illness, or inability to complete this activity, I understand that I will bear the full cost of any additional transportation or evacuation procedures performed by all medical staff. I understand and intend that this assumption of risk and release is binding on my heirs, executors, administrators and assigns.

Your name _____

Your address _____

Emergency contact person and cell# _____