

Participant Health Form Waiver and Release

I, _____, have signed up for a trip (“Program”) that is being conducted by Alaska Mountain Guides and Climbing School Inc., Alaska Mountain Guides International Inc, Alaska Mountain Guides Adventures Inc., and Alaska Mountain Guides de Mexico S. de R.L. de C.V. (collectively referred to as the “AMG Companies”). I understand that AMG Companies require a health form signed off by a certified medical professional ("Certified Health Form") in order to participate in this program so that AMG Companies are able to provide the appropriate information to first aid and medical professionals in the event of an emergency. By signing this document, I acknowledge that AMG Companies may not have accurate information concerning my health. This may affect the quality of medical treatment I would receive in the event of a medical emergency.

In consideration for the services that the AMG Companies are providing to me, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless on behalf of myself and my heirs, assigns, and personal representative and estate the AMG Companies from any and all claims, demands, or causes of action which might arise from not submitted a Certified Health Form prior to my participation in the Program.

Should the AMG Companies or anyone acting on their behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. I further agree that if I file a lawsuit against the AMG Companies pertaining to any and all claims, demands, or causes of action that might have arisen as a result of not submitting a Certified Health Form to AMG Companies, jurisdiction and venue shall be in the First Judicial District of Alaska in Juneau, Alaska and that the law of the State of Alaska shall apply in such a lawsuit without regard to conflict of law principles of the State of Alaska.

I have had sufficient opportunity to read this entire document, have read and understood it and agree to be bound by its terms, and have had the opportunity to review this agreement with counsel of my choosing.

Student/Participant Signature: _____ Date: _____

Printed Name of Student/Participant: _____

Address: _____

Phone: _____

PARENT OR GUARDIAN ENDORSEMENT AND INDEMNIFICATION (must be completed if student/participant is less than 18 years of age)

In consideration of _____ (minor's name) being permitted to take part in the Program offered by the AMG Companies, I further agree to indemnify and hold harmless the AMG Companies, their agents, owners, volunteers, participants, employees and all other persons or entities acting in any capacity on the behalf of the AMG Companies, from any and all claims, demands, or causes of action which are brought by, or on behalf of, the minor student/participant identified herein and which accrued as a result of not submitting a Certified Health Form to AMG Companies prior to Program.

Parent or Guardian _____ Date: _____

Printed Name: _____