

HIKE EXPERIENCE LIABILITY WAIVER AGREEMENT

CEDARZING

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PARTICIPANT INFORMATION:

Full Name: _____

Address: _____

Phone: _____ **Email:** _____

ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY:

I, the undersigned, wish to participate in the **HIKE EXPERIENCE** organized by **CEDARZING**. I understand that these activities involve inherent risks and hazards, including but not limited to:

1. **Physical Exertion:** Hiking may require physical exertion, and participants should be in good health to engage in such activities.
2. **Terrain Conditions:** The Hike Experience may traverse various terrains, including uneven surfaces, hills, valley trails.
3. **Weather Conditions:** Participants may be exposed to changing weather conditions, including rain, heat, or cold.
4. **Equipment Use:** Proper instruction given from tour operator and having the equipment is essential, and failure to do so may result in injury.

I acknowledge that I have been informed of these risks and voluntarily assume all risks associated with my participation in the Hike Experience.

RELEASE OF LIABILITY:

In consideration of being permitted to participate in the **HIKE EXPERIENCE**, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and covenant not to sue "CEDARZING, its officers, employees, volunteers, agents, and representatives (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in the **HIKE EXPERIENCE**.

I understand and agree that this release of liability covers negligence on the part of the Releasees, including but not limited to negligence in the design, construction, maintenance, or operation of the Hike Experience facilities or equipment.

COVENANT NOT TO SUE:

I further agree that I will not, under any circumstances, bring a claim or suit against the Releasees for any injury, damage, or loss that I may sustain in connection with the **HIKE EXPERIENCE**.

MEDICAL AUTHORIZATION:

In the event of an injury or medical emergency, I authorize the Releasees to seek and obtain medical treatment on my behalf.

PARTICIPANT'S AGREEMENT:

I have read this **HIKE EXPERIENCE** Liability Waiver Agreement, understand its terms, and voluntarily agree to be bound by its provisions. I acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Signature: _____ **Date:** _____

Printed Name: _____

For Participants Under 18 Years of Age:

Parent/Guardian's Signature: _____ **Date:** _____

Printed Name of Parent/Guardian: _____

WITNESS (if applicable):

Witness's Signature: _____ **Date:** _____

Printed Name: _____

Please retain a copy of this signed agreement for your records.