

Wilderness Outfitters Network, LLC

Also DBA:

Moss Springs Packing, Cornucopia Wilderness Pack Station, Wilderness Horse Camp
Wallowa Mountain Outfitters, Backcountry Outfitters

WAIVER AND RELEASE AGREEMENT

Please read carefully before signing

This is a release of liability and waiver of certain legal rights.

In consideration for my being permitted to participate in the activities of Wilderness Outfitters Network, LLC, and Also DBA: Moss Springs Packing, Cornucopia Wilderness Pack Station, Wallowa Mountain Outfitters, Wilderness Horse Camp, Backcountry Outfitters and the use of the property, animals, if any, and facilities. I agree to the following Waiver and Release:

I acknowledge that horseback riding, hiking; fishing, or hunting has inherent risks, hazards, and dangers for anyone, that cannot be eliminated, particularly in a wilderness environment.

I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATIONS:

1. The propensity of the animal to behave in ways that may result in injury, harm, or death to persons around them;
2. The unpredictability of the animal's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals;
3. Certain hazards such as surface and sub-surface conditions;
4. Collision with other animals or objects;
5. The potential of the participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. I may encounter variations in terrain that are my responsibility and I assume these risks including creeks, water, bridges, traveled roads, wild things, stumps, forest growth, debris, rocks and cliffs, and other obstacles whether they are obvious or not obvious, man-made or natural;
6. Hiking in rugged country;
7. Encounters with wildlife, animals, and insects;
8. Temperature extremes;
9. Inclement weather conditions and the unavailability of immediate attention in the wilderness in case of injury,
10. The risk of handling firearms and being near others that have firearms in their possession.

Wilderness Network Outfitters, LCC
Ph (541) 562-1181 Fax (541) 562-1049
Toll free (888) 420-7855

P.O. Box 568, Union, Oregon 97883
E-Mail: info@wildernessoutfitters.net
Web: wildernessoutfitters.net

Wilderness Outfitters Network, LLC

I understand the risks, hazards, and dangers described above and have had the opportunity to discuss them with Wilderness Outfitters Network, LLC. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks.

I AM VOLUNTARILY USING THE SERVICES OF WILDERNESS OUTFITTERS NETWORK, LLC WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, OR DEATH.

Lastly, I, for myself, my heirs, successors, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY, AND HOLD HARMLESS Wilderness Outfitters NETWORK, LLC, their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of actions, liabilities, suits, expenses (including reasonable attorney's fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my engaging in these activities or the use of these services, animals or equipment, whether such damage, loss, injury, paralysis, or death results from negligence of Wilderness Outfitters, LLC or from other cause. I, for my heirs, successors, my executors, subrogees, and myself further agree not to sue Wilderness Outfitters Network, LLC as a result of any injury, paralysis, or death suffered in connection with my use and participation in the activities of Wilderness Outfitters Network, LLC.

I am in good physical health and have the ability to safely engage in equine activities. My riding ability is:

(please circle) Beginner Advanced Beginner Intermediate Advanced Intermediate
Advanced

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Wilderness Outfitters Network, LLC cannot guarantee any hunter a successful hunt. Big game's movement, weather, and the hunter's ability, are all beyond our ability to control. We will work very hard to provide you with an enjoyable hunt but hunting the game is up to you.

We cannot always change the date you are booked for a summer trip or dates to go into the hunting camp or come out from the hunting camp. Just leaving a message asking to come out early is not always within our ability to do. Get conformation before you count on changing your dates.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS
WAIVER AND RELEASE AGREEMENT

Date

Signature

Print Name

Mailing Address

City State Zip

Phone Number

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Wilderness Outfitters Network, LLC

If under eighteen years of age, parent, guardian, or custodian must sign the following indemnification:

INDEMNIFICATION

In consideration for the above minor being permitted by Wilderness Outfitters Network, LLC to participate in the activities of packing and/or hunting which include, without limitation, the use of its services, animals and equipment. I agree to the following waiver, release and indemnification:

The undersigned parent, guardian, or custodian of the above minor, for himself/herself and on behalf of said minor, hereby joins in the foregoing Waiver and Release and hereby stipulates and agrees to save and hold harmless, indemnify, and forever defend Wilderness Outfitters Network, LLC, their directors, officers, agents, employees, and volunteers from and against any claims, actions, demands, expenses, liabilities (including reasonable attorney's fees) and NEGLIGENCE made or bought by said minor or by anyone on behalf of said minor, as a result of said minor's participation in the activities of Wilderness Outfitters Network, LLC and his or her use of the property, animals, if any, and facilities of Wilderness Outfitters Network, LLC. I, for myself and on behalf of said minor, further agree not to sue Wilderness Outfitters Network, LLC as a result of any injury, paralysis or death that said minor suffers in connection with his/her participation in the activities of Wilderness Outfitters Network, LLC.

Signature of Parent, Guardian, or Custodian of Minor

Date

Print Name of Minor

Witness

I _____ refuse to wear a riding helmet that Wilderness Outfitters Network, LLC has offered for my safety on this date. Wilderness Horse Camp requires the use of helmets.

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MEDICAL CONSENT / RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above named child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists and staff, to perform any diagnostic procedures, treatment procedures, and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above name individual.

I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named child in the event of an accident, injury, sickness, etc.

Any representative of the following organization is designated to act in my behalf until I have been contacted: *Wilderness Horse Camp*

Or

The following individual is designated to act in my behalf until I have been contacted:

General Release

I understand the above named child assumes any and all risks that might be associated with the activities that he or she may be involved in and release all rights and claims for damages which the above named child, heirs, executors, administrators assign, or as I may have against Wilderness Horse Camp Its directors, coaches, officials, teachers or representatives for any and all injuries or damages of any kind as a result of their participation

Date of birth ___/___/___ for the above named individual.

Date of last Tetanus Booster ___/___/___ for the above named individual.

Known allergies and reactions of the above named individual, including any allergies to medicine:

Any other special medical problems that should be noted about the above named individual.

Any medications that the above named individual will be bringing with them.

Family Physician _____ Phone Number _____

Names of Parents/Guardians: _____

Address: _____

City/State/Zip _____

Phone: H _____ W _____ Other _____

Person Responsible for charges (if different than above) _____

Address: _____

City/State/Zip _____

Phone: H _____ W _____ Other _____

Other Person to notify if parent/guardian is unavailable _____

Phone: H _____ W _____ Other _____

Insurance Company _____ Policy or Group Number _____

Signature of Parent/Guardian _____

Date _____

=====

(This section for notary if required)

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 200____, before me, a Notary Public in and for the above state and county, personally appeared _____, known to me or proved to be the person(s) named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

NOTARY PUBLIC
My Commission Expires: _____