

VISITOR'S ACKNOWLEDGEMENT OF RISKS

In consideration of the services of Earth Treks, LLC and Planet Granite Holdings, LLC, and all of their predecessors and successors, their officers, agents, employees, subsidiaries, affiliates, members, and all other persons or entities associated with those businesses (hereafter collectively referred to as "Earth Treks/Planet Granite") I agree as follows:

Although Earth Treks/Planet Granite has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, Earth Treks/Planet Granite has informed me that this activity is not without risk. Guided trips that include rock climbing, hiking, swimming, and other outdoor activities ("Activity") involve certain risk, both inherent and otherwise, anticipated and unanticipated, and such risks cannot be eliminated without destroying the unique character of the Activity. These inherent risks are some of the same elements that contribute to the unique character of this Activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent disability, trauma, drowning, or death. All of these risks are present regardless of whether I follow Earth Treks/Planet Granite's safety instructions or recommendations, including but not limited to those involving my choice of wearing a helmet or not.

Earth Treks/Planet Granite believes it is important for me to know in advance what to expect and to be informed of the risks of the Activity.

I am aware that the Activity entails risks of injury or death to any participant. I understand that inherent risks in rock climbing include the risks to which I may subject myself, and also include other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified and those unanticipated risks. My participation in this Activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this Activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff of Earth Treks/Planet Granite has been available to more fully explain to me the nature and physical demands of this Activity and the inherent risks, hazards, and dangers associated with this Activity, but I acknowledge that I cannot rely solely on the explanation of Earth Treks/Planet Granite to reduce the risks of the Activity.

I certify that I am fully capable of participating in this Activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death, or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this Activity.

I have carefully read, clearly understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estate and for all members of my family, including minor children.

Today's Date Participant's Name (*please print*) Participant's Date of Birth

Street Address City State Zip Code

Home Telephone Number Work Telephone Number Cell Telephone Number

Signature of Participant Email Address (Adults / Guardians Only)

Signature of Parent or Legal Guardian, if participant is under 18 years of age.

Today's Date Printed name of Parent or Court-Appointed Legal Guardian Signature of Parent or Court-Appointed

EARTH TREKS: MEDICAL FORM FOR OUTDOOR PROGRAMS

Please print this sheet out and legibly print or use the Acrobat PDF form fields to complete all information.

Name of trip: _____ Date of course(s): _____
Full Name of Participant: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Marital Status: _____ Sex: Male Female Age: _____ Occupation: _____
Home Phone: _____ Work Phone: _____

Insurance Information:

You are responsible for any medical expenses and should be covered by your own sickness and accident insurance.

Are you covered by hospitalization and medical care insurance? Yes No

Policy or Certificate number: _____
Insurance Company: _____
Address: _____

Medical Information:

Complete answers to the following are necessary. Earth Treks strongly recommends that you see your doctor, discuss the rigors of the trip with him/her, and receive a thorough physical.

Pulse/Blood Pressure: If you are over 40, or are overweight, or have had an inactive lifestyle, please have your blood pressure recorded.

Blood Pressure: _____ / _____ Pulse Rate : _____ Date Taken: _____

Chronic Health Problems: (If you have any health problems which we should be aware of, please list below and describe).

- Neck, Back, or Shoulder pain or injury: _____
- Diabetes, Seizures, or frequent or unexplained fainting or dizziness: _____
- Chronic illnesses: _____
- Medications and prescriptions you are taking: _____
- Allergies: _____
- Dietary restrictions: _____
- Previous injuries, illnesses, or other medical or emotional considerations or problems which might affect your participation on the trip: _____

In case of emergency, please notify:

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____

Consent is hereby given to attend a trip organized by El Cap Holdings, LLC, Earth Treks, LLC, Planet Granite Holdings, LLC, their affiliates, subsidiaries, parent companies, or owners and all predecessors and successors (collectively "Earth Treks/Planet Granite") and permission is given for emergency anesthesia, operation, hospitalization or other treatment which might become necessary. The information provided above is a complete and accurate statement of the physical factors which may affect my participation on an Earth Treks/Planet Granite trip. I realize that failure to disclose such information could result in harm to myself and my fellow participants, and I agree to indemnify and hold harmless Earth Treks/Planet Granite if all relevant information is not disclosed. I also agree to notify Earth Treks/Planet Granite should there be any change in my health prior to the Earth Treks/Planet Granite trip.

Signature (by parent or court appointed guardian if under 18)

Date