



Alice's Awesome Adventures LLC Trip:

17 Webb Field Road, Brunswick, Maine 04011 207 729-6333 www.amaineguide.com

Alice's Awesome Adventures LLC/Maine Guide Supply LLC Participant Waiver

In signing this release, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators and representatives, do hereby agree and will absolve and hold harmless Alice's Awesome Adventures LLC/Maine Guide Supply LLC, corporate sponsors, cooperating organizations, and any other parties connected with this activity in any way, and their officers, agents, employees and volunteers in their public and private capacities together with their respective successors and assigns (the "sponsors") singly and collectively, from and against any blame whatsoever, which may result from or be connected in any way to my participation in the Alice's Awesome Adventures LLC/Maine Guide Supply LLC sponsored activity.

It is my intent in executing this document to release the sponsors, their officers, agents, employees and volunteers from liability of any nature to me or my heirs, personal representatives or assigns, resulting from any cause, including negligence, and specifically including negligence of the sponsors and their officers, agents, employees and volunteers.

I agree to defend, indemnify and hold harmless the sponsors and their officers, agents, employees and volunteers in their public and private capacities from and against any claims against them as a result of my participation in this activity, including my negligence. I fully understand that participation in this activity has certain risks including catastrophic events such as but not limited to: water hazards, rugged topography, encounters with wildlife, temperature and weather extremes, equipment use, unpredictable stresses, unavailability of immediate rescue, and unavailability of immediate medical attention in the wilderness, any of which may include injury or death.

In addition to the absolute and unqualified release from all liability, I hereby represent that I am physically capable of participating in this activity, that my equipment, boat (or boat rental) and any other necessary equipment that I may use to participate in the activity is in working condition, that I will observe all applicable land and water regulations plus safe conduct due to weather conditions and activity rules, and that I will properly wear a personal floatation device while on the water. I will conduct myself in a sage and prudent manner while participating in the activity including abstaining from use of any alcohol and mind-altering drugs, violence, inappropriate sexual behavior, and I hereby absolve and hold harmless the sponsors or other participants from any damage I may sustain because of any breach of these representations.

I voluntarily consent to and permit emergency treatment in the activity of injury or illness while participating in this activity. I give permission to Alice's Awesome Adventures LLC/Maine Guide Supply LLC to use my name and any photographs, videos or electronic images taken of me during the activity in any promotional materials or publications.

I certify that I have read this waiver and release, and understand its significance and voluntarily sign it.

Signature of Participant _____ Print _____ Date _____

Weight _____ Shoe size _____ Clothes Size _____ # of times doing this type of activity in past _____

Email: _____ @ _____

If any participant is under 18 years of age, Parent, Guardian, or Custodian must agree to the same stipulations as above.

Signature of Parent, Guardian, or Custodian _____ Date _____

Print Name of child _____ Age _____ Weight _____

Each person must have a completed medical information and waiver..



CONFIDENTIAL MEDICAL RECORD

GENERAL INFORMATION

Table with 4 columns: LAST Name, FIRST Name, Sex, Age, Street, Town, State, Zip, Home Phone, Cell Phone, Email, Family Physician, Physician Phone, DOB, Emergency Contact, Phone, Relationship, 2ND Contact, Phone, Relationship, Swimming Ability, Comfort level out of doors.

INSURANCE: Each participant is responsible for their own medical expenses. Sickness and accident insurance is recommended, but not required. For better assistance in an emergency, please answer below

Medical Insurance Company _____ Policy or Certificate # _____

Address: _____ City/ State/Zip _____

Does your medical insurance company require pre-authorization? Yes ___ No ___ Phone _____

MEDICAL INFORMATION. Please be as complete as possible. If a section does not apply – List N/A

Table with 3 columns: Allergy (food, insect, plant, meds, etc.), Reactions, Medication Required

Medications: Please list all that you are using including prescribed, psychiatric, over-the-counter, & homeopathic.

Table with 4 columns: Medication, Condition, Dosage (size & frequency), Current Side Effects

HEALTH PROFILE If you answered YES to any questions, please explain in detail below or use extra paper if necessary.

Table with 6 columns: Topic, Yes, No, Topic, Yes, No. Rows include: Do you smoke?, Contact lens wearer?, Heart attack history?, Hospitalization within 2 years?, Muscular/joint issues or replacements?, Nerve Issues with extremities?, Are you pregnant?, Seizure within last year?, Diabetic?, Use medical equipment?, Other medical illnesses or requirements?, Any activity limitations due to health, mind, or drugs?

Consent is hereby given for the participant to attend the program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment which may become necessary. All information will remain confidential. You should know that over the years, many participants with a variety of medical difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants. If you arrive at the program with a pre-existing condition or injury which is not indicated on your medical form and you are subsequently forced to leave the program because of that condition, you will be charged an evacuation fee and will not receive a refund.

Participant's signature

Date

Parent/Guardian for underage client signature & printed