



TRADITIONS MEXICO Acknowledgement of Risk and Release

In consideration of the services of Traditions Mexico, their agents, employees, and all other persons or entities associated with those businesses (hereinafter collectively referred to as TM), I hereby agree to release and discharge TM, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that international travel and backcountry activities entail known and unknown risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: slipping and falling, intestinal or pulmonary infection from airborne or waterborne bacteria or viruses, insect bites, prolonged delay in ability to obtain advanced life support, automobile accidents, equipment failure, assault, sunburn, and improper lifting or carrying.

2. I expressly agree and promise to accept and assume all risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless from any and all claims, demands, or causes of action, which in any way come with my participation in this activity or my use of TM's equipment or facilities, including any such claims which allege negligent acts or omissions of TM.

4. Should TM 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 of all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety-or the health and safety of my leaders and peers-in this activity. I am willing to assume-bear the costs of-all risks that may be created, directly or indirectly, by any undisclosed conditions.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against TM on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Signature of Participant: _____ **Date:** _____