



PARTICIPANT AGREEMENT, ASSUMPTION OF RISK AND MEDICAL INFO

In consideration of the services of ACROSS CARIBE, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as ("ACROSS CARIBE")), I hereby agree to release, indemnify, and discharge ACROSS CARIBE, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in hiking, swimming, (kite and wind) surfing, snorkeling and sailing entails known and unanticipated risks that can 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: driving accidents, and the hazards of the above mention activities that can end on slips, falls, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; being struck by rock fall or other objects dislodged or thrown from above; the use of ropes, and other equipment; the forces of nature, including lightning and rapid weather changes; the risk of falling off the rock; the risk of exposure to insect bites; the risk of cold including hypothermia; water hazards; collision with objects or other watercraft, prolonged exposure to cold water, cold shock; aggressive and/or poisonous marine life; the negligence of other participants or persons who may be present; my own physical condition, and the physical exertion associated with this activity. Furthermore, ACROSS CARIBE employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the 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 ACROSS CARIBE from any and all claims, demands, or causes of action as well as damage or loss of personal property which are in any way connected with my participation in this activity or my use of ACROSS CARIBE'S equipment or facilities, including any such claims which allege negligent acts or omissions of ACROSS CARIBE.

4. Should ACROSS CARIBE 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 for 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 am willing to assume the risk of any medical or physical condition I may have.

MEDICAL INFO

Do you have any medical conditions we should know about? Yes No

If yes, please explain: _____

Are you taking any medications? Yes No

If yes, please indicate name(s) of the medication: _____

Are you allergic to any medication? Yes No

If yes, please specify medication(s): _____

Are you allergic to bee stings? Yes No

Are you allergic to any plants? Yes No

Do you have food allergies? Yes No

If yes, please specify: _____

If necessary, will you accept medical treatment? Yes No

In case of emergency please contact:

Name: _____ **Telephone:** _____

