



**Pride Adventure Travel (PAT)  
Adventure Travel Liability Waiver**

**Participant Information:**

Full Name: See member/event registration

Date of Birth: See member/event registration

**Event/Adventure Details:**

Event/Adventure Name: See member/event registration

Event/Adventure Date: See member/event registration

**Assumption of Risk and Release of Liability:**

I, the undersigned participant, hereby acknowledge and agree to the following:

1. I am voluntarily participating in the PAT event identified above. I understand that this activity involves inherent risks, including but not limited to physical exertion, outdoor elements, and potential accidents, injuries, or illnesses.
2. I understand that PAT requires all participants to obtain travel insurance for out-of-country trips. This insurance must include emergency medical and repatriation coverage with a minimum of \$200,000 in coverage. I confirm that I have obtained such insurance and will provide proof of coverage upon request.
3. I understand that PAT will take reasonable precautions to ensure my safety during the event. However, I acknowledge that there are certain risks that cannot be eliminated, and I assume all risks associated with my participation.
4. I release PAT, its officers, directors, employees, volunteers, contractors, and agents from any and all claims, liabilities, actions, causes of action, costs, or expenses (including attorney's fees) arising from or in connection with my participation in the event, including but not limited to personal injury, property damage, or any other harm I may suffer.
5. I understand that this waiver and release of liability is binding on me, my heirs, executors, administrators, and assigns, and it applies to all future events or adventures organized by PAT in which I may participate.

**Emergency Medical Authorization:**

In the event of a medical emergency, I authorize PAT to seek medical treatment on my behalf if I am unable to provide consent. I understand that PAT will make reasonable efforts to contact the emergency contact listed below before seeking medical treatment, but time constraints may require immediate action.

**Emergency Contact Information:**

Emergency Contact Name: See member/event registration

Phone Number: See member/event registration

**Photography Release:**

I grant PAT permission to use photographs or video recordings of me taken during the event for promotional and marketing purposes.

**Participant's Signature:**

By signing below, I acknowledge that I have read and understood this waiver and release of liability in its entirety. I voluntarily agree to its terms.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_