NATIONAL EMERGENCY SERVICES

ASSUMPTION OF RISK/LIABILITY RELEASE
WAIVER OF CLAIMS

I,..... am aware that in signing this document for participation in the *National Emergency Services Winter Mountaincraft Course and Wilderness / Mountain Medical Seminar* that certain elements of the program are physically, mentally, socially and emotionally demanding. Furthermore, I understand that certain risks and dangers (such as those listed below) exist in the activities in which I will be participating. These risks include loss or damage to personal property, injury or fatality due to: inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, hypothermia (cold exposure), hyperthermia (heat exposure), or suffering any type of accident or illness in remote areas without easy access to medical facilities, or while traveling to and from the activity sites. I acknowledge that while the program and its staff will make every reasonable effort to teach me proper outdoor techniques and to minimize exposure to known risks, all dangers (hazards and perils) associated with these activities cannot be foreseen. I have a personal duty and responsibility to: learn and to follow the safety standards, guidelines and procedures established by my instructors and will make them aware at any point during the activity in which I question my knowledge of these standards, guidelines and procedures or my ability to participate.

I understand and assume ALL dangers (hazards and perils), and risks associated with this Course and waive all claims or causes of action arising from participation in the *National Emergency Services Winter Mountaincraft Course and Wilderness / Mountain Medical Seminar* and do hereby release all persons and agents from liability whether caused by all negligence, breach of contract, strict liability, or otherwise, which I may ever have against the program, its coordinators, instructors, volunteers, agents and the National Emergency Services. Furthermore, I give my consent to the instructors or other medical personnel to treat me in an emergency situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

.....	.....	.....
(signature)	(witness)	(date)

Name:..... .....

Address:..... .....

Town ....

State: .....P/code .....

Reviewed with attendee by.....

Date.....