

ALPINE EXPEDITIONS
5571 Lone Eagle ct.
Boulder, CO 80301
(303)516-4845

ALPINE EXPEDITIONS RELEASE OF LIABILITY

NAME:

ADDRESS:

CITY:

EMERGENCY CONTACT:

TRIP DESTINATION:

STATE:

HM.PHONE:

WK.PHONE:

ZIP:

PHONE:

DATE:

By signing below, I acknowledge that all activities conducted by ALPINE EXPEDITIONS (RICARDO PEÑA) may be hazardous and may result in loss, damage or death.

With full knowledge of these dangers, and in consideration for my acceptance as an expedition or trip member, and the services and amenities to be provided by ALPINE EXPEDITIONS in connection therewith, I confirm that I have read the foregoing and voluntarily assume all risks of such damages occurring in connection with the trip or expedition. I hereby agree for myself, all of my family and heirs to RELEASE ALPINE EXPEDITIONS, RICARDO PEÑA and any of its guides, employees or representatives from liability, claims, demands, or any causes of action. I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT AND THAT BY SIGNING IT I AM GIVING UP MY RIGHT TO SUE OR OTHERWISE MAKE ANY CLAIM AGAINST ALPINE EXPEDITIONS, RICARDO PEÑA, and any of its guides, employees or representatives which may arise during my participation in any activities connected or related to ALPINE EXPEDITIONS.

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury, or death RESULTS FROM NEGLIGENCE of ALPINE EXPEDITIONS, RICARDO PEÑA or any of its guides, employees or representatives. I understand that negligence means failure to do an act which a reasonably careful person would do, or the doing of an act which a reasonably careful person would not do, under the same or similar circumstances to protect himself, herself, or others from injury or death.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well being while participating in any ALPINE EXPEDITIONS activities. Also I understand that on ALPINE EXPEDITIONS trips there may not be rescue or medical facilities or expertise which may be necessary to deal with potential injuries to which I may be exposed. I understand that these risks exist and notwithstanding them I wish to participate in ALPINE EXPEDITIONS activities.

PRINTED NAME (Please print legibly):

SIGNATURE:

DATE: