

SimplySupai, LLC

Release of Liability and Assumption of Risk

I, _____ understand, acknowledge and agree that inclusive of this 4night/4day Havasu Falls Trip (from hereon shall be called “this trip”) there exist risk of inherent hazards, injury, illness, and possible death. Below listed are some inherent factors that have been discussed and are known to cause inherent hazards, injury, or possible death:

- 1) Hiking 10 miles on uneven surfaces
- 2) Hiking on trails shared with pack horses
- 3) Heat related illness
- 4) Dehydration related illness
- 5) Drinking unclean water
- 6) Climbing and jumping off waterfalls
- 7) Climbing up/down 200’ cliff walls using ladders, chains and pylons
- 8) Swimming too close waterfalls that may have undertows
- 9) Possibility of mandatory evacuations dues to rain events

I also understand that not all dangers and risks can be known and therefore shall use my own good judgement when participating in this trip.

I understand that medical treatment and medical evacuations are at my own expense and may be delayed due to the remote location this trip is in.

I understand that I am responsible for my own medical costs whether due to accidental, negligence of myself or others, and hold harmless SimplySupai. LLC for all costs involved for this trip and follow up medical care.

By participating in this trip, I willingly agree to comply with the terms and conditions spoken to me prior to signing this form. Some of these conditions discussed are as follows:

- 1) Alert Lead Guide if I am feeling ill, sustained an injury, or feeling uncomfortable in participating in the extracurricular activities.
- 2) Alert Lead Guide of any known medications, allergies, or medical concerns prior to this trip.
- 3) Always wear some form of foot protection, sun protection and insect protection.
- 4) Alert Lead Guide if I have any food allergies prior to this trip
- 5) Have emergency contact information on hand

Lastly, by participating in this trip, I consent to the use of photographs, pictures, film or videotape taken of me or provided by me for SimplySupai to use for promotional reasons without any monetary compensation.

I have read this release of liability and assumption of risk agreement and fully understand its terms.

I understand that I have given up my rights by signing this form, and sign it freely and voluntarily without any inducement.

X _____
Participant Signature Date

X _____
Print Name

Address: _____

Emergency Contact: _____

LIST OF MEDICATIONS AND ALLERGIES:

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