

Infectious/Contagious/Transmissable/Respiratory Diseases (ICTRD) RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.

Please read and be certain you understand the implications of signing. Express Assumption of Risk Associated with Mountaineering, Climbing, and Related Activities and Infectious/Contagious/Transmissable/Respiratory Diseases (ICTRD).

l, do	hereby affirm and acknowledge that I
have been fully informed of the inherent hazards and risks associa	ted with Infectious and Respiratory
Disease, as related to the Alpine Mountaineering, Rock Climbing, a	and Ice Climbing in which I am about to
engage. Inherent hazards and risks include but are not limited	I to:

- 1. Physical distancing limitations, including an inability to maintain physical distancing recommended by the Center for Disease Control.
- 2. Contact with surfaces that cannot be cleaned/sanitized, including rock, wood, and other natural surfaces.
- 3. Contact with surfaces that cannot be cleaned/sanitized between moments of contact, including surfaces of equipment that will be shared between myself and employees, agents, independent contractors or representatives of Adventure Spirit.
- 4. Situations in which the wearing of a face mask is not possible, due to physical exertion or other situational and/or environmental factors.
- 5. Situations in which it is not possible to hand wash and/or use hand sanitizer.
- 6. Contact with other people climbing with or near you who may have infectious diseases.

*I understand the description of these risks is not complete and that unknown or unanticipated risks related to infectious/contagious/transmissable/respiratory diseases may result in injury, illness, or death.



Infectious/Contagious/Transmissable/Respiratory Diseases (ICTRD) Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in any way in Alpine Mountaineering, Rock Climbing and Ice Climbing and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releases:

ADVENTURE SPIRIT/TIMOTHY KELLY ROSSITER

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- 2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers, from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
- 3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

S/			
Signature of Adult Participant	Name of Adult Participant (Please Print)		Date
FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guar			to his/her release of all Releasees, b
also to release and indemnify the Releasees from any and all liabilities incident to	his/her involvement in these programs for myself, my heirs,	assigns, and next of kin.	
S/			
Signature of Parent or adult legal_Guardian if Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have	Name of Parent or adult legal Guardian (Please Print)		Date
	Minor's Full Name		Date
Kel Rossiter	Owner /Lead Guide	Burlington, V	
adventurespiritguides@gmail.com		802-535-1498	5