

**KALAUPAPA RARE ADVENTURE, LLC "Waiver of Liability Form"
Kalaupapa Guided Mule Tour**

Print Name: _____ **D.O.B:** _____

Rider # 2 : _____ **D.O.B:** _____

Address: _____ **Cell Phone:** _____

City, State, Zip _____

KALAUPAPA RARE ADVENTURE, LLC. DBA Kalaupapa Guided Mule Tour, (**KRA**), is a concessionaire of the **US National Park Service** and has informed me that this **ACTIVITY IS NOT WITHOUT RISK**. The Kalaupapa Trail is rated by the National Park Service as "Level" 4; difficult. The trail is 3.2 miles in total distance and approximately 1,700 feet in elevation from top to bottom. Those who participate on the mule tour must be physically fit and understand that the trail does pose a significant physical challenge. I acknowledge that **KRA** has taken reasonable steps to provide me with appropriate equipment and skilled trail guides so I can enjoy this activity for which I may not be skilled. **KRA** does NOT provide riding helmets and I have been encouraged to bring my own helmet if necessary.

In consideration of the services of **KRA**, its officers, agents, employees, and all other entities associated with **KRA** and performing the Guided Mule Tour, I agree: I am at least 16 years of age and under 250 lbs., fit to ride, in good health and is not bearing a child in the womb. A participant must be fit, be alert and be able to see where the mule is stepping.

I acknowledge that the mule that I ride on tour this day may become unpredictable but I have accepted the risk and hereby Waive Liability to **KRA** and its assigns this day. I am aware that **KRA** has no control of the weather and that parts of the trail may be hazardous with turns and drops. I further state that I will not mount or dismount from my mule without first having a guide assist me. I will refrain from trying to make my mule run or trot.

Participants with any Medical Complications are discouraged. I declare that I am fully capable of participating in this activity. I assume and accept full responsibility for myself in the event of illness or injury that may be caused by my inattentiveness, not following instructions, or caused by the unpredictability of the mule that I am riding this day. I agree that my Medical Coverage will be the Primary Coverage if injured. If I am not insured, I accept responsibility for any medical and/or transportation costs in the event of injury requiring medical attention.

I understand the terms and conditions of this Waiver of Liability as I feel fit today to engage in this activity. I understand fully that **KRA** will be held harmless if I try to run my mule or cease to follow the instructions of the Trail Guides. I may be denied participation based solely on the discretion of the barn manager.

MEDICAL INSURANCE: _____ **STATE/COUNTRY:** _____

Signature: _____ **Date:** _____

Who led you to us? Word of Mouth Internet Molokai Drive Guide
 Other: _____ I am a repeat participant.

Your email address is: _____