

TAADIDIIN TOURS – WAIVER FORM

HIKING AND PHOTOGRAPHY TOUR RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK

In consideration for the opportunity for event participation and utilization of Antelope Canyon X, Cardiac Canyon, hiking trails, vehicles, all facilities, equipment and premises of Taadidiin Tours of Milepost 308 Highway 98. This waiver shall commence on the date first signed and shall remain binding for all the time thereafter. By signing this document, I hereby understand and agree for me and/or my minor child to this Release of Liability, Waiver of Legal rights and Assumption of Risk and to the terms hereof as follows:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Taadidiin Tours, or the employees, representatives or agents of Taadidiin Tours.

2. I understand and acknowledge that Hiking and Photography Tours have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY OR OTHER FORMS OF DAMAGES SUSTAINED WHILE PARTICIPATING IN HIKING AND PHOTOGRAPHY TOUR ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE TAADIDIIN TOURS.

3. I further agree that I WILL NOT SUE OR OTHERWISE MAKE A CLAIM on behalf of me and/or on behalf of my minor child, against Taadidiin Tours for damages or other losses sustained as a result of my participation in Hiking and Photography Tour activities.

4. I also agree to INDEMNIFY AND DEFEND TAADIDIIN TOURS from all claims, damages, judgments and costs, including attorneys' fees, incurred in the connection with any action brought against them, jointly or severally, as a result of my or my minor child's' participation in Hiking and Photography Tours.

5. I am in good health and physical condition. I am voluntarily participating with knowledge that dangers are involved and agree to assume all risks. I also understand that if I am injured or become ill, I agree that Taadidiin Tours, or any of its employees, volunteers or guests will not be held liable should they render medical assistance to me or my minor child.

I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTIONS OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT WILLINGLY, VOLUNTARILY AND HAVING HAD AMPLE OPPORTUNITY TO RAISE ANY QUESTIONS OR CONCERNS THAT I MAY HAVE, I ACKNOWLEDGE THAT I AM PARTICIPATING VOLUNTARILY WITH KNOWLEDGE THAT DANGERS ARE INVOLVED AND I AGREE TO ASSUME ALL THE RISKS.

PRINT MINOR'S NAME AND GUARDIAN SIGN IN THE "SIGNATURE" SECTION.

DATE: _____ TOUR TIME: _____

1. PRINT NAME: _____ SIGNATURE: _____

2. PRINT NAME: _____ SIGNATURE: _____

3. PRINT NAME: _____ SIGNATURE: _____

4. PRINT NAME: _____ SIGNATURE: _____

5. PRINT NAME: _____ SIGNATURE: _____

6. PRINT NAME: _____ SIGNATURE: _____

7. PRINT NAME: _____ SIGNATURE: _____