



Ghana Mountaineers

WAIVER AND RELEASE FROM LIABILITY

WARNING! BY SIGNING THIS FORM YOU GIVE UP IMPORTANT LEGAL RIGHTS

INCLUDING THE RIGHT TO SUE

PLEASE READ CAREFULLY! PARTICIPANTS MUST BE 18 OR OLDER

NAME OF PARTICIPANT _____ (Must Print)

ADDRESS OF PARTICIPANT: _____

TELEPHONE NUMBER : _____

BIRTH DATE: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ TELEPHONE NO.: _____

DISCLAIMER CLAUSE

Ghana Mountaineers Ltd., their agents, officials, officers, directors, employees, volunteers, contractors, servants or representatives (hereinafter known as "Ghana Mountaineers") are not responsible for any death, injury, loss or damage of any kind suffered by any person while participating in an activity organized by Ghana Mountaineers and all related activities of the activity, including injury, loss or damage which might be caused by the negligence of Ghana Mountaineers.

Initials _____

Ghana Mountaineers activities may include transportation to and from Accra, Ghana, by car, bus or plane, visits to multiple hospitality institutions, accommodation in hostels, hotels or tents, travel on public transportation, and other activities as determined by the activity organizers.

Initials _____

MEDICAL/HEALTH & TRAVEL INSURANCE

1. **I AM SOLELY RESPONSIBLE** to select and purchase adequate medical/health insurance. Ghana Mountaineers will provide **no** medical/health insurance. In case of a medical/health problem, Ghana Mountaineers accept no responsibility for any costs associated with a medical/health problem nor will they pay for any medical/health expenses that may be incurred by the participant.

Initials _____

2. **I AM SOLELY RESPONSIBLE** to select and purchase adequate travel insurance. Ghana Mountaineers will provide **no** travel insurance. The travel insurance should provide cover against theft, personal accident, personal liability, repatriation and cancellation of tickets among other coverages. Ghana Mountaineers accept **no** responsibility for any costs associated with these types of problems nor will they pay for any expenses that may be incurred by the participant relating to these areas.

Initials _____

I freely accept and assume all responsibility to provide myself with medical/health and travel insurance coverage.

Initials _____

Ghana Mountaineers is a limited liability company, fully incorporated in the Republic of Ghana



Ghana Mountaineers

MEDICAL CONDITIONS

I agree to advise Ghana Mountaineers prior to the start of the activity of any existing medical conditions or injury Initials _____

INDEMNIFICATION AND RELEASE OF LIABILITY

For my voluntarily participation in the activity and all related activities, I agree:

1. **TO ASSUME AND ACCEPT ALL RISKS** arising out of, associated with or related to my participation in the activity and all related activities, even though such risks may be caused by the negligence of Ghana Mountaineers Initials _____

2. **TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE** which I might sustain while participating in the activity and all related activities, even though such injury, loss or damage may have been caused by the negligence of Ghana Mountaineers Initials _____

3. **TO HOLD HARMLESS AND INDEMNIFY GHANA MOUNTAINEERS** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation in the activity and all related activities; Initials _____

4. **TO HOLD HARMLESS, INDEMNIFY AND RELEASE GHANA MOUNTAINEERS**, their officers, directors, agents, volunteers, employees and representatives from liability for any and all claims, demands, actions and costs which might arise out of my participation in the activity and all related activities, even though such claims, demands, actions and costs may have been caused by the negligence of Ghana Mountaineers. Initials _____

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

SIGNED THIS _____ day of _____, 20_____, at Accra, Ghana

Signature of Participant

Signature of Witness

Printed Name of Witness