



# WAIVER

Name of Participant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Prov/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ e-mail: \_\_\_\_\_

In Consideration Of Mad Dogs And Englishmen Accepting My Application, I Hereby Agree To Participate In The Offered Dog Sledding And Ski-joring Activities, Such Participation Being Conditional Upon My Signing Of The Following Release Of Liability.

## PLEASE READ CAREFULLY

### The Activities

Dog Sledding, Ski-joring, Snow Shoeing, XC-Skiing, Team Building, Corporate Challenge, Winter Camping, Kennel Tours, Bushcraft, Expeditions, Custom Tours.

I understand and acknowledge that no amount of care, caution, instruction or experience can eliminate all of the risks involved in the sports of Dog Sledding, Ski-joring, and associated activities as listed above.

In addition, I am also aware of other risks, dangers and hazards through collision with natural and man made objects, other trail users, spectators and other persons, equipment failure, adverse trail conditions and inclement weather.

I freely accept and fully assume all such dangers and risks along with the full risk of loss associated with the possibility of personal injury to myself or to others and property damage or loss resulting therefrom. I also assume full responsibility for any equipment damage or loss, as well as any and all rescue costs howsoever incurred by the releasee. I further affirm that I am in good physical condition, with no recurrent physical problems that could be aggravated by participation in any of the above mentioned activities. I further understand that this release is in effect from this date forward.

### Do You Have Any Medical Conditions That We Should Know About?

YES  
 NO

If yes please explain: \_\_\_\_\_  
 \_\_\_\_\_

Participant (print name): \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Co-signed by parent or consenting adult if less than 18 years old: \_\_\_\_\_

Today's Date: \_\_\_\_\_  
 Activity: \_\_\_\_\_  
 Witnessed: \_\_\_\_\_  
 \_\_\_\_\_

**THIS WAIVER MUST BE COMPLETED IN FULL, DATED AND SIGNED BY THE PARTICIPANT AND WITNESSED DURING SIGNING BEFORE PARTAKING IN ANY OF THE ABOVE ACTIVITIES.**