

## **Participant Acknowledgement of Risk, Health Condition Responsibility, and Screening Consent Related to COVID-19**

I expressly acknowledge that naturally occurring diseases and viruses (including, but not limited to, the currently widespread disease COVID-19) may be present and actively occurring in all environments in which this activity will take place. I acknowledge that Hike'n Sail Travel, its agents, owners, officers, volunteers, participants, sister or subsidiary corporations, employees, sales agents, subcontractors and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "H&S"), has taken steps to mitigate the potential for the transmittal of and exposure to such viruses or communicable diseases between individuals and H&S staff participating in the Activity, that exposure to such viruses or disease is an inherent risk of participating in the Activity, one that cannot be eliminated by H&S. As such, I expressly acknowledge and agree that it is ultimately my decision to participate notwithstanding that risk and that I am responsible for mitigating my own risk of exposure to such viruses or disease.

People that are considered "high risk" as defined by the CDC (Center for Disease Control), including those 65 years and older, or who have underlying medical conditions, should seriously consider the additional risks inherent in their participation in the Activity conducted by H&S. Upon Arrival for the trip: You will be required to affirm this symptom check:

1. Have you recently experienced any of the following symptoms?

- Fever (100.4°F/38°C or higher) or chills.
- Cough that you cannot attribute to another health condition.
- Shortness of breath or difficulty breathing that you cannot attribute to another health condition.
- Sore throat that you cannot attribute to another health condition.
- Muscle aches that you cannot attribute to another health condition or that may not have been caused by a specific activity (such as physical exercise)
- Loss of taste or smell.

2. Have you been in contact with an individual who has been ill with flu-like symptoms in the last 14 days?

3. Have you been diagnosed with COVID-19 in the last 30 days?

4. Have you tested positive for COVID-19?

5. Have you tested positive for COVID-19 antibodies?

• Guests who answer yes to #1 or #2 will not be allowed on the trip, as well as anyone in their household, or anyone who traveled with them prior to the trip.

• Guests who answer yes to #3, #4 or #5 will be asked for clearance from a physician stating that they are non-contagious.

Immediately prior to leaving on my tour and each day of the tour, if applicable, I consent to have my temperature measured by a staff member of H&S.

By signing this document, I acknowledge for myself and any minor for whom I am responsible that if anyone is hurt or property is damaged during my participation in this activity, I/we may be found by a court of law to have waived my/our right to maintain a lawsuit against H&S on the basis of any claim from which I/we have released them herein.

I/WE HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I/WE HAVE READ AND UNDERSTOOD IT, AND I/WE AGREE TO BE BOUND BY ITS TERMS.

Participant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

Parents or Guardians Additional Indemnification and Signature (Must be completed for participants under 18 years of age)

I/we represent that I/we have complete and absolute authority to bind, contract for and legally act on behalf of the minor child listed below; I/we believe and represent that I/we have the legal authority to make the waivers and releases contained herein. I/we understand and acknowledge that H&S relies to its detriment on this representation. In consideration of my child or ward (Minor) being permitted by H&S to participate in its programs or activities, I further agree to indemnify (in other words, I agree to pay for...) and hold harmless H&S from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Participant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

Please print this page and e-mail to [operasyon@hikeandsail.com](mailto:operasyon@hikeandsail.com) after you fill in and sign it.