

Acknowledgement of risks involved

«Nauka Vyzhivat Eda Khalilova» specializes in the provision of adventurous outdoor activities and training. I acknowledge that I have been advised by the organizers that these activities involve physical risk of injury to person.

I: _____ (the participant) and, in the case of a minor, the legal guardian of the afore mentioned participant , in signing this form to acknowledge that participating in dynamic outdoor adventurous training such as «Nauka Vyzhivat Eda Khalilova» is both arduous and challenging and that there are dangers involved, including the risk of physical injury. I understand that during the course we will be crossing difficult ground, such as thick and overgrown woodland, going up and down steep slopes, using rope systems and crossing rivers by various means. I confirm that I am fit, healthy and aware of my body's limitations and my ability to exercise. I confirm that I have consulted my general medical practitioner. I have made my general medical practitioner aware of the types of activity I am to undertake at «Nauka Vyzhivat Eda Khalilova». I certify that I am fit and able to undertake these activities. I have made «Nauka Vyzhivat Eda Khalilova» aware of any previous medical problems, previous injuries, or allergies I may have, to the best of my knowledge. I further understand that the food provided might contain edible substances that some might be allergic to or unfamiliar with (whilst reasonable effort will be made, in the circumstances prevailing, to accommodate those with allergies).
If I am a participating parent on the course, I will look after and supervise my child throughout the course. I will obey the lawful instructions of the instructors and other guides or their deputies. I accept that no weapons, alcohol, or illegal drugs may be brought to the course by participants, and if found in a participant's possession, they will be asked to leave I voluntarily assume the risks of taking part in the activities. I further declare that I am of sound mind and that I am legally competent to sign this document.

SIGNED (participant):

SIGNED (legal guardian):

If legal guardian, state the full name of the minor for whom you are signing:

And your relationship to the minor concerned:

Full Name

Telephone:

Address:

Contact in case of emergency: Full Name:

Relationship:

Address:

Telephone:

Name of Doctor/Registered Medical Practitioner:

Telephone number:

I further consent to the release to «Nauka Vyzhivat Eda Khalilova» of any relevant information that the «Nauka Vyzhivat Eda Khalilova» may request from my Doctor/Registered Medical Practitioner.

Signed:

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