



TWIN CREEKS
LLAMAS

TAKE A HIKE!

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RELEASE AND WAIVER OF LIABILITY

Each prospective hiker must read and sign our release statement assuming risks. Parents should sign along with children under 18. Twin Creeks Llamas has done everything possible to provide our guests with a rewarding experience. We wish to inform our guests that hiking is not risk free.

In entering into this agreement with Twin Creeks Llamas, I acknowledge that I am aware of the inherent risk associated with hiking expeditions, particularly in mountainous terrain and that I am aware of the risk associated with farm visits and large animals. I recognize the possibility that an accident or illness may occur in remote areas without nearby medical facilities. Moreover, the forces of nature in remote areas pose an additional degree of danger and risk. Also, certain plants, insects, or animals may cause discomfort or injury. I have carefully considered the above-described risks.

I affirm that my general health is good and that I am not under a doctor's care for any condition which will endanger my health or the health of other participants while taking part in backcountry activities. In addition I have informed Twin Creeks Llamas of any health conditions that they need to know about for purposes of the health or safety of myself or other parties taking part in a llama trek. In case of injury or illness, I will bear the cost of any evacuation procedures such as ambulance, helicopter, rescue team and professional medical care.

I hereby assume all of said risks and will hold Twin Creeks Llamas and its agents free from all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in these activities. I agree to allow the owners of Twin Creeks Llamas to photograph me, my guests and/or family members for use in promotional pieces, press releases or displays.

List any health conditions that may be of concern in embarking on a backcountry hike, including any know allergies such as food, insect bites, bee stings or medications.

List any dietary restrictions or preferences.

I have read and understand this entire agreement.

Participant's signature

Printed Name

Age

Address

If under 18 guardian or parent signature

Month

Day

Year