

WAIVER AND RELEASE OF LIABILITY AGREEMENT

Private Walking Tours with Transportation Provided

This Waiver and Release of Liability ("Agreement") is entered into by the undersigned participant ("Participant") or parent/legal guardian (if Participant is under age 18), in favor of [Your Company Name], its owners, employees, agents, affiliates, and representatives (collectively, "Company").

1. Acknowledgment of Risk

I acknowledge that participating in a walking tour involves potential risks including, but not limited to:

- Trips, slips, or falls on uneven ground, sidewalks, or steps;
- Exposure to weather conditions (e.g., heat, rain, cold);
- Interaction with public environments and vehicular traffic;
- Transportation risks to and from the tour location.

I understand these risks and voluntarily assume all associated dangers, whether foreseeable or not.

2. Voluntary Participation & Health Certification

I confirm that I, and/or any minors I am signing for, are in suitable physical health to participate. I am solely responsible for assessing our fitness for the tour and disclosing any health conditions to the Company in advance.

3. Assumption of Risk and Release of Liability

I voluntarily assume all risks associated with participation and release, waive, and discharge the Company from any and all claims for liability, loss, or injury (including death) sustained during or in connection with the tour or transportation.

4. Indemnification

I agree to indemnify and hold harmless the Company against all claims, damages, or legal actions arising out of my (or my minor's) participation in the tour.

5. Emergency Medical Consent

I authorize the Company to seek medical care for me or the minor(s) listed below in an emergency and accept full responsibility for any related expenses.

6. Media Release

I give permission for the Company to use photographs, video, or recordings of myself or any minors listed below for promotional use, without compensation.

7. Governing Law & Severability

This Agreement is governed by the laws of the State of [Insert State]. If any part is found unenforceable, the remainder remains in effect.

Participant & Group Information

Adult Participant Name: _____

Signature: _____

Date: _____

Phone/Email (for contact): _____

For Participants Signing on Behalf of Others (Families or Groups)

If you are responsible for additional adult participants or minors, list them below. By signing, you agree to the terms above on their behalf.

Additional Adult Participants (Name & Relationship):

1. _____

2. _____

Minor Participants (Name, Age & Relationship):

1. _____

2. _____

3. _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____