

**SWEETWATER RYDEV, LLC, D/B/A ANDERSON CAMPS LTD, WILDERNESS ACTIVITY  
PARTICIPANT MEDICAL CONDITION STATEMENT AND WAIVER OF LIABILITY  
(Participants Age 18 and Older)**

Completion of the following document is required for participation in any wilderness activities of Sweetwater Rydev, LLC, d/b/a Anderson Camps Ltd ("Anderson Camps").

**Participant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**PUBLICITY RELEASE**

By signing below, I authorize Anderson Camps and its affiliates to use my name, photograph, any videos in which I appear, and any recordings of my voice in any of their advertising or other promotional materials, without any compensation to me.

**RELEASE AND WAIVER OF LIABILITY:** By signing below I agree with all of the following:

1. I am at least 18 years old.
2. I fully understand that wilderness activities provided by Anderson Camps carry an inherent risk of personal injury or death; and that by choosing to participate in the wilderness activities, I am doing so at my own risk.
3. I certify that my participation in the wilderness activities will not be contrary to advice I have received from a physician or other medical professional. I certify that I reasonably believe that I am physically and mentally fit to participate in the wilderness activity.
4. I knowingly and freely accept and assume all risks of my participation in the wilderness activities, regardless whether I know of all those risks and regardless of whether all the risks were foreseeable.

**[Note: if any of statements are not true, you are not permitted to participate in the wilderness activities, and you must not sign this document.]**

5. I will inform the wilderness activities guide if I am injured or become ill during the wilderness activity.

6. I, for myself, my representatives, heirs, executors, and assigns release, waive, and discharge Anderson Camps, and its affiliates, and their respective officers, limited liability company managers and members, employees, independent contractors, agents, and other representatives (collectively, the "Released Parties") from any and all liability, and from any and all claims or demands, for (a) bodily injury, (b) death of persons, (c) damage to or loss of property, or (d) any other injury, damage, or loss of any kind, and arising from or related to my participation in any wilderness activities of Anderson Camps or related to the conduct of any of the Released Parties; whether arising whether arising because of negligence or any other fault of any of the Released Parties. I also agree, for myself and my representatives, heirs, executors, and assigns, not to sue any of the Released Parties. ***I acknowledge***

***and agree that I am releasing any and all right I might have to make a claim or file a lawsuit against any of the Released Parties as specified above.***

\_\_\_\_\_  
Signature of Participant

Date: \_\_\_\_\_

Print Name of Participant: \_\_\_\_\_