



AdventureWomen, Inc. ♦ 300 Running Horse Trail ♦ Bozeman, MT 59715  
800-804-8686 ♦ 406-587-3883 (outside the U.S.) ♦ FAX 406-587-9449  
advwomen@aol.com ♦ www.adventurewomen.com

The "Grand Dame" of Women's Adventure Travel Since 1982

### PARTICIPATION CONTRACT and RELEASE OF LIABILITY

I, \_\_\_\_\_, understand that I will attend and participate in the  
(please print)

**ADVENTUREWOMEN, INC.** trip described as follows: \_\_\_\_\_,  
on the following dates: From \_\_\_\_\_ to \_\_\_\_\_. I agree to pay  
**ADVENTUREWOMEN, INC.** the sum of \$ \_\_\_\_\_, which sum includes the cost of my lodging, most  
food, and most equipment for the trip. The payment terms and conditions stated in my registration form are incor-  
porated herein and made a part hereof.

I understand that **ADVENTUREWOMEN, INC.** sponsors worldwide adventure travel excursions (an "adventure"  
hereby defined as travel in which one **actively participates**), and not "tours" ("tour" hereby defined as travel in  
which one is a passive observer). These activities are geared to **foster the taking of more self-responsibility for  
my own safety, health, and life**. I acknowledge that the enjoyment and excitement of adventure travel is derived  
in part from my active participation in, and the inherent risks, including serious injury and death, incurred by  
travel and activity beyond the accepted safety of life at home or work, and that these inherent risks contribute to  
such enjoyment and excitement, being a reason for my participation.

I understand that the trip may involve personal risk to me and I hereby affirmatively state that I assume all  
responsibility for my participation, use of equipment and facilities, or following of instructions; any and all liability  
for said risks are my own. I hereby release, waive, discharge, and hold harmless **ADVENTUREWOMEN, INC.**,  
a Montana corporation, its employees, directors, officers, shareholders, agents, and staff from any and all claims  
whatsoever and causes of action present, future, or unanticipated, resulting from or arising out of my free and  
voluntary participation in said adventure.

I hereby state that **I have my own health insurance**, that **I am in good physical condition**, and that I have  
been advised by **ADVENTUREWOMEN, INC.** to seek the advice of my doctor concerning the medical and health  
risks associated with this particular adventure.

**I have read and agree with the Cancellation and Refund Policy and the No Smoking Policy as stated on my  
Trip Application Form. I further agree to allow ADVENTUREWOMEN, INC. to use photo(s) of me in  
brochures, the media and/or on the Web as appropriate.**

I have read and understand and signed the foregoing Release and Agreement on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**X** \_\_\_\_\_  
(Participant Signature)

By: \_\_\_\_\_  
(AdventureWomen, Inc.)

**PLEASE RETURN THIS FORM WITH YOUR SIGNATURE AND THE REMAINDER OF YOUR  
PAYMENT BY \_\_\_\_\_ . Balance due: \_\_\_\_\_**

**Please Note:** There is a **\$1,500 limit per trip** that can be charged to VISA, MasterCard, or Discover.  
The balance due must be paid my check and reach our office by the above due date.