

RELEASE & WAIVER OF LIABILITY HUNTING

YOUR SAFETY IS OUR PRIMARY CONCERN. WE EXPECT YOU TO FOLLOW SAFE GUN HANDLING AND HUNTING PROCEDURES. WE RECCOMEND YOU UTILIZE SAFETY GLASSES AND ORANGE HUNTING CAP, VEST OR JACKET. FOR YOUR SAFETY AND THE SAFETY OF YOUR HUNTING COMPANIONS, NO ALCOHOL OR DRUG CONSUPMTION IS ALLOWED WHILE HUNTING OR SHOOTING. HUNTING CAN BE PHYSICALLY DEMANDING. WE EXPECT YOU TO KNOW YOUR PHYSICAL LIMITATIONS.

RELEASE AND WAIVER OF LIABILITY

By my signature affixed below I certify I am fully aware of the hazards involved in the sport of hunting and understand the necessary actions to assure hunter safety. I am also aware of the hazards associated with wilderness adventures. In consideration of being permitted to participate in the sport of hunting conducted by **COUNCIL ALASKA SAFARIS**, I am willing to assume these hazards and do recognize they can be dangerous to both life and limb.

In full recognition of such, I hereby release, waive and discharge **COUNCIL ALASKA SAFARIS**, its owners, employees, or people with whom they may contract for services, including all landowners, from all liability to the undersigned, my spouse, legal representatives, heirs and assigns, for any and all loss, claim or damages resulting there from, on account of injury to me or my property, even injury resulting in death, while participating in the sport of hunting and shooting. This release and waiver is complete as it is my intent to hold harmless and indemnify **COUNCIL ALASKA SAFARIS** for any injury that might result while I am involved in the sport of hunting.

The undersigned assumes full responsibility for the risk of bodily injury, death or property damage due to the actions or inactions of **COUNCIL ALASKA SAFARIS**. The undersigned agrees this release, waiver and indemnification agreement is intended to be as broad and inclusive as permitted by the laws of the state of Alaska.

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| Print Your Name Above | Your Signature Above | Date |
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| Witness: Print Your Name Above | Witness: Your Signature Above | Date |
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