|  |  |  |
| --- | --- | --- |
| A camel wearing a hat and sunglasses  Description automatically generated | **RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS, AND INDEMNITY AGREEMENT** | |
| Adventurous Camel  Julphar Office Tower, Regus level 42, Dafan Nakheel, Ras Al Khaimah, UAE  Phone: +971544624623 email: [info@adventurouscamel.com](mailto:info@adventurouscamel.com)  www.adventurouscamel.com | |
| **Activity Description**  Adventurous Camel offers various travel and tour activities within the United Arab Emirates including, but not limited to, camel rides, desert safaris, and city tours. | | |
| **ACKNOWLEDGMENT - HEALTH & SAFETY**  I am aware that the physical exertion required to participate in the Activities can activate or aggravate pre-existing injuries, conditions, or congenital defects.  I acknowledge that I should seek medical advice if I know or suspect that my physical condition may be incompatible with the Activities.  I acknowledge that I am required to wear approved safety equipment while participating in certain Activities and will seek guidance from guides and instructors if unsure about the proper use of any equipment.  **ASSUMPTION OF RISKS**  I am aware that the Activities involve many risks, dangers, and hazards, including but not limited to personal injury and/or death, equipment malfunctions, negligence of other participants or guides, and negligence on the part of Adventurous Camel.  **ALCOHOL AND ILLEGAL SUBSTANCES**  If I use, consume, or am under the influence of alcohol or illegal drugs prior to or while engaging in the Activities, I ASSUME AND ACCEPT ALL RISKS, DANGERS, AND HAZARDS and will indemnify Adventurous Camel from any and all liability for damage to property or personal injury to any third party.  **RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT**  In consideration of Adventurous Camel allowing me to participate in the Activities, I agree to waive any and all claims I have or may have in the future against Adventurous Camel, hold harmless and indemnify Adventurous Camel from any and all liability for any damage to property or personal injury to any third party resulting from my participation in the Activities.  **AGENT AND THIRD-PARTY DISCLAIMER**  I understand that Adventurous Camel may engage third-party contractors and agents to provide services. I hereby release Adventurous Camel and its agents from any liability arising from the acts or omissions of such third-party contractors and agents.  I agree that Adventurous Camel and its agents shall not be liable for any negligent acts or omissions which may result in injury or damage.  **MEDICAL TREATMENT**  I consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the activities and release Adventurous Camel from any liability for further injuries caused as a result of medical treatment.  **INSURANCE**  I understand that it is my responsibility to ensure and maintain adequate life, medical, and health insurance coverage.  **SEVERABILITY**  In the event that one or more portions of this agreement are deemed invalid, the remaining portions will continue to be valid and enforceable.  **JURISDICTION**  Any litigation involving the parties to this Agreement shall be brought solely within the jurisdiction of the courts of the United Arab Emirates. This Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns, and representatives, in the event of my death or incapacity, and shall be governed by and interpreted solely in accordance with the laws of the United Arab Emirates.  **RIGHT TO ATTORNEY**  I acknowledge that I have the right to consult with an attorney before signing this document and that I am signing this document voluntarily.  **MODIFICATIONS**  I understand that any modifications to this waiver must be in writing and signed by both parties.  **NO ADMISSION**  I understand that signing this waiver does not constitute an admission of wrongdoing by any party.  **FOR PARTICIPANTS OF MINORITY AGE**  I, parent/guardian with legal responsibility for this participant of minority age, do consent and agree to his/her release of all Adventurous Camel, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify Adventurous Camel for any and all liabilities incident to this participant of minority age’s participation in the Activities.  **PHOTOGRAPHY AND MEDIA RELEASE**  I consent and agree that Adventurous Camel has the right to take photographs or videos of the activity and to use these in any and all media exclusively for the purpose of promoting the activity. | | |
| **This document is required for all trips, tours, and excursions under Adventurous Camel.** | | |
| **Participant Information and Signature:**  Name  Signature  Date | | **If the participant is under the age of 18:**  Parent/Guardian Name  Parent/Guardian Signature  Date |
| **Witness:**  Name and Signature  Date: | | |
| Copyright © 2023 Adventurous Camel Revision 01/10/2023 | | |

**Rest of the page is blank.**