

## ACCIDENT WAIVER AND RELEASE LIABILITY FORM

I, \_\_\_\_\_, of legal age, Filipino and a resident of \_\_\_\_\_ DO HEREBY ASSUME ALL THE RISKS OF TREKKING/CLIMBING/ENTERING THE MT. HAMIGUITAN RANGE WILDLIFE SANCTUARY (MHRWS) in San Isidro, Davao Oriental on \_\_\_\_\_, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release Liability Form will be used by the organizers, the Protected Area Management Board (PAMB) and the Protected Area Management Office of Mt. Hamiguitan Range Wildlife Sanctuary in which I may participate, and that it will govern my actions and responsibilities at the said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take actions for myself, my executors, administrators, heirs, next of kin, successors and assigns as follow:

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons releases, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my travelling to and from this activity, the following entities or persons: PAMB and MHRWS-PAMO or their officers and employees;

I acknowledge that the PAMB and MHRWS-PAMO and/or their officers and employees are not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, lack of hydration, and actions of other people including but not limited to, co-participants, porters, ecoguides and the activity. As such, I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Done this \_\_\_\_ of \_\_\_\_\_, 2022 at \_\_\_\_\_.

\_\_\_\_\_  
*Printed Name & Signature*

WITNESSED BY:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*