

## CAMPING RELEASE AND HOLD HARMLESS AGREEMENT

### CEDARZING

**Address:** Cedars - Main Road, El Arz, 1377, Ariz Bsharri, 1377

**Phone:** +961-716 99970

**Email:** info@cedarzing.com

### PARTICIPANT INFORMATION:

**Full Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY:

I, the undersigned, hereby acknowledge and understand that camping activities organized by [Your Camping Organization/Company Name] involve inherent risks and hazards, including but not limited to:

1. **Natural Elements:** Exposure to natural elements such as weather, wildlife, insects, and uneven terrain.
2. **Outdoor Activities:** Participation in outdoor activities such as hiking, cooking, and campfire gatherings.
3. **Equipment Use:** Proper use of camping equipment, tools, and facilities.

I acknowledge that I have been informed of these risks and voluntarily assume all risks associated with my participation in the camping activities.

**RELEASE OF LIABILITY:**

In consideration of being permitted to participate in the camping activities, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and covenant not to sue "CEDARZING", its officers, employees, volunteers, agents, and representatives (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in the camping activities.

I understand and agree that this release of liability covers negligence on the part of the Releasees, including but not limited to negligence in the design, construction, maintenance, or operation of the camping facilities or equipment.

**COVENANT NOT TO SUE:**

I further agree that I will not, under any circumstances, bring a claim or suit against the Releasees for any injury, damage, or loss that I may sustain in connection with the camping activities.

**MEDICAL AUTHORIZATION:**

In the event of an injury or medical emergency, I authorize the Releasees to seek and obtain medical treatment on my behalf.

**PARTICIPANT'S AGREEMENT:**

I have read this Camping Release and Hold Harmless Agreement, understand its terms, and voluntarily agree to be bound by its provisions. I acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**WITNESS (if applicable):**

**Witness's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Please retain a copy of this signed agreement for your records.