

THIS FORM MUST BE SIGNED AND RETURNED TO BE ELIGIBLE FOR TRIP RELEASE OF LIABILITY AND ASSUMPTION OF ALL RISKS
PLEASE READ CAREFULLY: THIS IS A LEGALLY ENFORCEABLE WAIVER OF RIGHTS

ASSUMPTION OF RISKS

I _____, acknowledge that I have voluntarily applied to participate on the trip designated on this application. I am voluntarily participating on the tour or expedition with knowledge that travel to foreign countries and/or the remote areas visited by this trip involves numerous risks and dangers including a risk of illness, injury or death, which may be caused by: forces of nature, civil unrest, terrorism, road conditions, injuries inflicted by animals, insects, reptiles or plants, trails, hotels, vehicles, boats or other means of conveyance which are not operated nor maintained to standards common in the United States; high altitude (on certain trips), accident, accident or illness without access to means of rapid evacuation or the availability of medical supplies; the lack of adequacy of medical attention once provided, and negligence on the part of Daphne Paras and Sacred Seeker, Inc., it's affiliated organizations and their employees, teachers, volunteers or other agencies. I acknowledge that the enjoyment and excitement of foreign travel/ adventure travel is derived in part from the inherent risks incurred by travel and activity beyond the accepted safety of life at home or work, and that these inherent risks and the corresponding enjoyment and excitement contribute to the reason for my voluntary participation on this trip. I HEARBY ACCEPT ANY AND ALL RISKS OF ILLNESS, INJURY, EMOTIONAL TRAUMA OR DEATH AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____.

RELEASE

AS LAWFUL CONSIDERATION for being permitted by Daphne Paras and Sacred Seeker, Inc. to participate on such trips and activities, I hereby agree that I, my heirs, legal representatives or any member of my family will not make a claim against or sue Daphne Paras and Sacred Seeker, Inc., or any of their affiliated agents, employees, teachers or volunteers, for bodily injury, death, emotional trauma or property damage resulting from my participation in the tour or expedition. I THEREFORE RELEASE AND DISCHARGE DAPHNE PARAS and SACRED SEKKER, INC. AND THEIR AGENTS, EMPLOYEES, TEACHERS AND VOLUNTEERS FROM AND AGAINST ANY AND ALL LIABILITY ARISING FROM MY PARTICIPATION IN THE TOUR OR EXPEDITION EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF DISCHARGE DAPHNE PARAS and SACRED SEKKER, INC. OR ITS AFFILIATED AGENTS, EMPLOYEES, TEACHERS OR VOLUNTEERS. If any portion of this agreement is unenforceable, the remaining portions shall remain in full force and effect. Under no circumstances shall Daphne Paras and Sacred Seeker, Inc. be liable to any tour participant for more than the land cost of the trip applied for on this document. All applications are subject to acceptance by Daphne Paras and Sacred Seeker, Inc.. Upon acceptance of my application, this agreement shall be deemed to have been entered into and be performed in Illinois and shall be construed according to the laws of the of the state of Illinois. In the unlikely event a legal dispute should arise involving any subject matter whatsoever, I agree that the dispute shall be settled by binding arbitration through the American Arbitration Association in the State of Illinois. Should this arbitration provision be held unenforceable, I agree that any legal action shall exclusively be brought before the appropriate State or Federal Court in Illinois.

Signature of Participant

Date

Witness

Date

EMAIL COMPLETED FORM TO:
info@sacredseeker.com