CLIMB4RARE

Participant Information

Name: _____ **Date:** _____

Phone: _____ **Email:** _____

☐ I understand and voluntarily assume the risks associated with participation in Climb4Rare hikes, walks, climbs, training events, and related activities.

☐ I agree to release and hold harmless The Lost Enzyme Project, Climb4Rare, event organizers, volunteers, sponsors, partners, and landowners from claims arising from my participation.

☐ I certify that I am physically able to participate and authorize emergency medical treatment if necessary.

☐ I agree to follow trail rules, safety instructions, carry adequate water and supplies, and participate within my own abilities.

☐ I grant permission for photography, video, and media use by The Lost Enzyme Project and Climb4Rare for promotional and fundraising purposes.

☐ I acknowledge that I have read, understand, and voluntarily agree to the terms of this waiver and release.

Participant Signature: _____

Parent/Guardian Signature (if under 18): _____

Emergency Contact: _____

Phone: _____