



LIABILITY RELEASE FORM

Company: Montenegro Mountain (Brand of Rent Adriatic Ltd)

Event or Activity: Adventure Holiday Tour

Name of Guest: _____

I understand that participation in the above Adventure tour or any of the activities could include actions or tasks which might be hazardous to the participant named above.

I understand that it is my responsibility to consult with my doctor prior to and regarding my participating in the Adventure tour. I represent and warrant that I am physically fit and I have no medical condition that would prevent my participation on the Adventure tour.

I understand that it is my responsibility to take out a comprehensive travel insurance policy covering theft, loss and medical problems. If you intend to partake in outdoor activities such as we offer, your policy should also cover ambulance or emergency medical care for "dangerous" or "risk" outdoor activities. Such activities may include trekking, climbing, canyoning, rafting, mountain biking and horseback riding.

By signing this form below, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of participating in the Adventure tour. I, my heirs or legal representatives forever release, waive, discharge the business named above from all liability, costs and damages which might arise from my participation in the Adventure tour or activities.

If the participant is a minor, I agree that the minor has my consent to participate in the event, tour and activities. I further provide my consent for the business named above to seek all emergency medical treatment for the minor if necessary. I agree to accept financial responsibility for any costs related to this treatment.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Sign Here if Participant is an Adult

Signature of Participant _____ Date _____

Sign Here if Participant is an Child

Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____