Assumption of Risk

Assumption of Risk/Release of Liability

Cycle of Life Adventures, LLC

I acknowledge I am aware that I am participating in a program in which there are certain inherent risks and dangers, including, but not limited to: physical exertion for which I am not prepared; vehicular traffic; road and trail hazard; weather conditions and other forces of nature; illness or accident caused by stress, fatigue, high altitude or consumption of food and beverage; accident or illness without access to means of rapid evacuation or availability of medical supplies, any or all of which can lead to serious injury or death.

I further acknowledge that the enjoyment of adventure travel involves assumption of inherent risks and dangers and, as lawful consideration for being accepted for participation in this program, I hereby release and discharge Cycle of Life Adventures and it's agents and employees from and against any and all liability arising from my participation in this program. I agree this Release shall be legally binding upon me personally, all members of my family, and all minors traveling with me, my heirs, successors, assignees, and legal representatives; it being my intention to assume fully the risks of travel and to release Cycle of Life Adventures from any and all liabilities to the maximum extent permitted by law.

I understand that my participation is subject to acceptance and approval by Cycle of Life Adventures, and that upon acceptance and approval, shall be deemed to have occurred and been performed at Denver, Colorado. In the event that a legal dispute should arise involving any subject matter whatsoever, I agree that the dispute will be governed by Colorado law.

KNOWING AND VOLUNTARY EXECUTION

I have carefully read and fully understand the content and legal ramifications of this document. I understand that this is a legally binding and enforceable agreement and I sign it of my own free will.

Signature_____ Date_____

Print Name_____

Parent or Guardian of a Minor

I, as a parent or guardian of the below named minor, hereby give my permission for my child or ward to participate in the program, and further agree individually and on behalf of my child or ward to the terms of the above.

Name of Minor_____ Date_____

Signature of Parent/Guardian_____