

Smith Guide Service of Maine (SGSoM)

Assumption of Risk Acknowledgement

Name: _____ Phone: _____

Address: _____

List any medical concerns or physical limitations you or your guests may have/need during the trip:

Person to notify in case of emergency:

Name: _____ Phone: _____

Address: _____

Assumption of Risk Statement

I (WE) THE UNDERSIGNED, AM (ARE) ABOUT TO TAKE A FISHING/RECREATIONAL OUTING INTO THE WOODS AND INLAND WATERS OF MAINE WITH MARC SMITH, OWNER OF SMITH GUIDE SERVICE OF MAINE.

I (WE) UNDERSTAND THAT SUCH A TRIP INVOLVES CONSIDERABLE RISK OF INJURY OR LOSS. INCLUDING BUT NOT LIMITED TO: LOSS OF PROPERTY OR LIFE, HYPOTHERMIA FROM IMMERSION IN COLD WATER OR OTHERWISE, LACK OF COMMUNICATION OR UNAVAILABILITY OF EARLY MEDICAL TREATMENT, DEHYDRATION, AND/OR SUN EXPOSURE.

AS PART OF THE CONSIDERATION FOR THE SERVICES TO BE RENDERED, I (WE) THE UNDERSIGNED AND ON BEHALF OF OURSELVES, FAMILY, HEIRS, PERSONAL REPRESENTATIVES, AND MINOR MEMBERS OF OUR FAMILY ACCOMPANYING US, FURTHER RELEASE AND HOLD HARMLESS, MARC SMITH/SMITH GUIDE SERVICE OF MAINE, HIS AGENTS, EMPLOYEES, AND ASSOCIATES FROM ANY AND ALL LIABILITY, CAUSES OF HIS ACTIONS, CLAIMS, AND DEMANDS WHICH MAY ARISE OUT OF THE ABOVE OUTING.

I (WE) HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS AND PURPOSE. AFTER FULL CONSIDERATION OF ALL THE ABOVE, I (WE)) HEREBY ASSUME ALL RISKS OF INJURY OR LOSS WHICH I (WE) MIGHT SUFFER DURING THE ABOVE OUTING OR ANY OTHER ACTIVITY ARRANGED OR TAKEN WITH MARC W. SMITH/SMITH GUIDE SERVICE OF MAINE.

Dated: _____

Signed: _____ Print: _____

Names and Signatures of Additional Members of Party who also acknowledge this Statement:

Signed: _____ Print: _____

Signed: _____ Print: _____

Signed: _____ Print: _____

Release for pictures to appear on Smith Guide Service's Documents Initials _____, _____, _____