

Travel Liability Waiver

Participant Agreement, Release, and Assumption of Risk

I, _____, hereby acknowledge and agree to the following terms and conditions in consideration for participation in any trip, tour, or excursion organized or facilitated by Anthropologie Consulting, LLC, operating as AC Journeys (hereinafter referred to as "AC Journeys"):

Assumption of Risk: I understand that travel, particularly to remote or unfamiliar destinations, inherently involves risks, including but not limited to risks associated with transportation, weather conditions, political instability, and the actions or negligence of third parties. I voluntarily assume all risks related to my participation in the trip, including personal injury, property damage, or any other loss, whether known or unknown.

Release of Liability: I hereby release, discharge, and hold harmless AC Journeys, its officers, directors, employees, agents, contractors, and representatives from any and all liability, claims, demands, actions, or causes of action arising out of or related to any injury, loss, or damage, including but not limited to bodily injury, death, or property damage, sustained by me during the course of the trip, regardless of whether such injury, loss, or damage is caused by the negligence or fault of AC Journeys or any third party.

Indemnification: I agree to indemnify and hold harmless AC Journeys, its officers, directors, employees, agents, contractors, and representatives from and against any and all claims, demands, liabilities, damages, losses, costs, and expenses (including reasonable attorney fees) arising out of or resulting from my participation in the trip, including any breach of this agreement or any negligent or wrongful act or omission by me.

Medical Treatment: I understand that AC Journeys may not have medical personnel available at all times during the trip. In the event of any medical emergency or need for medical treatment, I authorize AC Journeys and its representatives to secure and administer medical treatment on my behalf, including but not limited to hospitalization, surgery, or transportation to a medical facility, at my own expense.

Insurance: I acknowledge that it is my responsibility to obtain appropriate travel insurance, including medical and trip cancellation coverage, prior to participating in the trip. AC Journeys may, but is not obligated to, provide information or assistance regarding the availability of such insurance.

Photography and Publicity: I grant AC Journeys the irrevocable and unrestricted right to use and publish any photographs, videos, or other media captured during the trip for promotional, advertising, or other commercial purposes, without compensation to me.

Miscellaneous: This agreement shall be governed by and construed in accordance with the laws of **Florida**. Any dispute arising under or in connection with this agreement shall be resolved exclusively in the courts of **Florida**.

I have carefully read and fully understand the terms and conditions of this agreement, and I voluntarily agree to be bound by them. I acknowledge that I have had the opportunity to seek independent legal advice before signing this agreement, and I sign it of my own free will.

Participant's Name: _____

Participant's Signature: _____

Date: _____