

**-LIABILITY WAIVER AND INDEMNIFICATION AGREEMENT**  
MOHICAN WILDERNESS 22462 WALLY ROAD GLENMONT, OHIO 44628

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE Initials EACH ITEM DOWN THE LEFT MARGIN**

- \_\_\_\_\_ 1. I assume full responsibility for the constant safety and supervision of all members of my party.
- \_\_\_\_\_ 2. I understand that the 30-AMP service provided by Mohican Wilderness may not be ample enough to meet all demands on all occasions generated by 50-AMP RV's, hot and humid weather, and other acts of God, causing black-outs. We accept that risk.
- \_\_\_\_\_ 3. I am not taking and have not taken any medications or other drugs, which would be inadvisable for camping or recreational activities.
- \_\_\_\_\_ 4. I understand that camping and other outdoor recreation has inherent risks and dangers associated therewith including but not limited to risks associated with acts of God, equipment failure, and acts of fellow campers and I specifically assume all such risks.
- \_\_\_\_\_ 5. I acknowledge that I am physically fit to camp and participate in all other recreation and I will not hold Mohican Wilderness, Inc. responsible if I am injured as a result of heart problems, lung problems, or other illnesses or medical problems which occur while camping or participating in recreational activities.
- \_\_\_\_\_ 6. We have inspected, or will inspect, the campsite for hazardous conditions before setting up camp. We will report changes wrought by God or man to the immediate attention of Mohican Wilderness.
- \_\_\_\_\_ 7. Any alcohol consumed before or after arrival will be assumed to be a contributing factor to any accident or injury.
- \_\_\_\_\_ 8. I fully understand and am aware that the Mohican Wilderness, Inc. has no medical facilities and that in the event of illness or injury appropriate medical care and treatment will likely be delayed by the distance from medical treatment facilities. Mohican Wilderness, Inc. is under no obligation to summon medical care on behalf of campers.
- \_\_\_\_\_ 9. Mohican Wilderness, Inc. has made no representation to me, implied or otherwise, that their staff can or will perform safe and competent rescues or render first aid. In the event that I were to show signs of distress or call for aid, if agents of Mohican Wilderness, Inc. chose to respond to my call for aid, I will not hold Mohican Wilderness, Inc. and/or its agents, responsible for their actions for attempting the performance of a rescue or first aid.
- \_\_\_\_\_ 10. It is my intention by this instrument to exempt and relieve Mohican Wilderness, Inc., its officers, agents, instructors, servants and employees, from any and all liability for personal injury, property damage or wrongful death caused by negligence or otherwise, and I assume all risks in connection with camping and all recreational activities.
- \_\_\_\_\_ 11. I have read the foregoing in its entirety and agree to the terms and conditions here above set forth on behalf of myself, my heirs, and personal representatives.
- \_\_\_\_\_ 12. It is my intention by this instrument to hold harmless Mohican Wilderness, Inc., their staff, officers, employees, directors, agents, volunteers, whether specifically named or not (hereinafter referred to as "released parties), and to exempt, relieve and hold harmless the released parties from any liability for personal injury, property damage or wrongful death caused by negligence or gross negligence. I agree to assume all risks in connection with my camping and other outdoor recreation activities.
- \_\_\_\_\_ 13. I further agree that if, in breach of this agreement, I institute any judicial proceedings against any persons listed in this agreement, I shall bring them in a court of law in Knox County, Ohio or in the United States District Court for the Southern District of Ohio, located in Columbus, Ohio and I consent to personal jurisdiction in those courts.
- \_\_\_\_\_ 14. I further agree that if in breach of this agreement, I institute any such proceedings, I am personally responsible for all costs and attorney fees of any person or entity against whom I institute such proceedings.

**I have read and understand this agreement.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

**YOU MUST REGISTER YOUR PET:** The state health officials mandate all pets be registered before entering. Please provide the following:

Description of pet \_\_\_\_\_

All shots are current: \_\_\_\_\_ (yes) \_\_\_\_\_ (no) Pet owners name (if different from above) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone# (if different from above) \_\_\_\_\_ All attacks must be reported to the Knox County Health Dept