



WAIVER AND RELEASE FORM

Hike Description:

Mt. Apo Climb Via Kapatagan-Sibulan Sta. Cruz Trail

Date: _____

Indicates a “Wilderness Area Hike and boulders trek.”

Assumption of Risk and Release of Liability. Certain risks are inherent in any Discover Mt Apo climb activity. Each DMA member, guest, or non-member participant agrees to accept personal responsibility for his/her safety, and the safety of minors accompanying such persons. DMA cannot ensure the safety of any participant of hikes or activities. Each participant agrees to hold harmless and free of blame the hike or activity leader and the DMA, its officers and members for any accident, injury, or illness which might be sustained from participating in hikes or other DMA activities. I agree that I am solely responsible for my own equipment, safety, and first aid needs. Hiking and other activities may involve strenuous physical activity and certain risks. I certify that I am physically fit and have not been advised otherwise by a qualified medical person. Neither the DMA nor landowners are in any way liable for any injury or illness I might sustain while participating in a DMA activity. I will and do hereby assume the above-mentioned risks and will hold harmless the Discover Mt Apo, officers, directors, members and the Hike or Activity Leaders from any and all liability and claims of every kind and nature whatsoever, which may arise from or in connection with my participation in these activities.

This release is binding on me, my heirs, and my personal representative.

I DO HEREBY CERTIFY BY MY SIGNATURE THAT I HAVE READ, DO UNDERSTAND AND DO AGREE TO THE ABOVE- MENTIONED TERMS.

Signature	Climber	Emergency Phone No:	Medical problems and allergies
1.			
2.			
3.			
4.			
5.			
6.			

Please return this completed form to your hike planner (below).

Hike Planner’s name:

Discover Mt Apo (Discover Tour and Guide Services)
 Your number 1 guide to climbing the highest peak in the Philippines
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www.discovermtapo.com