



Acknowledgement of Risk and Assumption of Responsibility Statement

I assume and accept with full responsibility the risk of injury that can be dangerous to my health and my life when participating in mountaineering, high altitude mountaineering and hiking trips, via ferratas, expeditions, caving, rafting, canyoning, skiing, alpinism and other activities (hereinafter referred to as "the activities") led by guides and assistants of Nature Travel Office tourist agency from Niš.

I am also aware that the activities are performed in areas that are, more or less, far from the place where speedy and adequate medical assistance can be provided. I understand and I agree that neither the activity guide, nor the organizer, nor any of the employees, officers, agents, and contractors (hereinafter referred to as "released parties") can be responsible for any injury, accident or damage occurred (to me personally, my family, cousins, or heirs) by my participation in these activities, either due to my personal negligence or force majeure.

If my participation in the above mentioned activities, for which I have received a detailed program, is accepted, I shall accept of my own free will all risks, both predictable and unpredictable.

I also declare that I personally will not (or my family, my heirs, and my attorneys) start any legal proceedings against the guides and organizers of the above mentioned activities.

I am informed about the fact that such activities carry a certain amount of physical effort and strain that can lead to the worsening of physical condition, or sickness, for which the above mentioned entities and the organization are not responsible, but me personally. I have informed the guide about my health condition, psychological and physical fitness. I declare that I am above the age of 18 and legally authorized to sign this *Release from responsibility statement*, that is, to own a written permission from my parents, that is, legal representatives.

I agree that, while participating in this activity, I can be photographed. I consent to the organizers of the activity using video recordings and/or photographs of me, taken during the performance of this activity, for any legitimate purpose.

BY THIS STATEMENT I RELEASE THE GUIDE, THE ACTIVITY ORGANIZER, AND ALL OTHER ABOVE MENTIONED PHYSICAL AND LEGAL ENTITIES FROM ANY RESPONSIBILITY IN CASE MY PHYSICAL CONDITION WORSENS, OR IN CASE OF INJURY (WITH ANY OUTCOME), OR ANY KIND OF DAMAGE WHICH CAN OCCUR TO ME AND MY LEGAL HEIRS DUE TO MY PARTICIPATION IN THE ACTIVITIES. I HAVE BEEN INFORMED IN DETAIL, AND I HAVE READ THIS *RELEASE FROM RESPONSIBILITY STATEMENT* BEFORE I HAVE SIGNED IT.

Name and surname of participant

Participant signature

Date (day, month, year)

**Parent/Guardian signature
(if the participant is under 18 years of age)**

Date (day, month, year)