

**Walking The World®**  
**RELEASE AND ASSUMPTION OF RISK**

The applicant understands that for the health, safety, and welfare of all members of Walking The World, hereafter referred to as (WTW), rules and regulations formulated by the staff members of WTW must be strictly observed. WTW has the right to terminate the participation of any member who refuses to cooperate. In this case, return transportation expenses will be paid by the applicant or WTW and the applicant agrees to reimburse WTW for the same.

WTW shall have the right to give first aid to the participant and to engage the service of a physician or dentist, or to hospitalize a participant if it deems the same necessary. The cost of such service, including expenses for both the participant and the staff member who accompanies him/her during the period of illness and in rejoining the group, medicine and ambulance service, but excluding first aid service, shall be charged to and paid by the applicant.

The applicant does herewith authorize and agree to the reasonable and proper use by WTW of any and all photographs and or video which may be taken of any aspect of the program and which may include the image of the applicant.

A signed release and assumption of risk form denotes that the signer understands and agrees that WTW reserves the right at any time to retract and change these items and regulations and other conditions stated within the catalog and other literature printed by WTW, and to make any other reasonable terms and regulations and conditions that it deems necessary for the safety and well-being of the participant and WTW.

I am capable of handling both the emotional and physical aspects of this expedition. I have read and agree to all the Terms of Agreement as stated in the literature, and I agree to release Walking The World, Inc., its agents and the guide services it contracts with, of any and all liability and responsibility of any nature whatsoever, for any loss-damage to property or personal injury incurred on this trip under the direction of Walking The World, Inc., in which I am participating.

Applicants Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Witness:

\_\_\_\_\_

**Please return this form to:**

**Walking The World, PO Box 40442, Grand Junction, CO 81504**  
**Ph: 970-498-0500**

**Email: [info@walkingtheworld.com](mailto:info@walkingtheworld.com) Website: [www.walkingtheworld.com](http://www.walkingtheworld.com)**