



## **Agadir Moment Tours - Camel Ride Participation Waiver**

### Participant Information

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

Date of Birth: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

### **Acknowledgment of Risk**

I understand that camel riding involves certain inherent risks, including but not limited to sudden movements, falls, uneven terrain, and difficulties related to mounting or dismounting the animal. I understand that these risks may be heightened by any mobility or medical conditions I may have.

### **Health and Mobility Disclosure**

I confirm that I have disclosed any medical or mobility-related conditions that may affect my ability to safely participate in a camel ride. I acknowledge that I have been advised to consult a medical professional if I have any concerns about my physical ability to participate.

### **Assumption of Risk and Release of Liability**

I voluntarily choose to participate in the camel ride organized by Agadir Moment Tours. I accept full responsibility for any risk of injury, loss, or damage arising from or connected to my participation. I hereby release and discharge Agadir Moment Tours, its owners, staff, and affiliates from any and all liability, claims, demands, or actions arising out of or related to any loss, damage, or injury, including death, that may be sustained during the activity.

### **Consent to Participate**

I acknowledge that I have read and fully understand this waiver. I understand that by signing it, I am giving up certain legal rights, including the right to sue. I certify that I am signing this waiver freely and voluntarily.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness (if required): \_\_\_\_\_

Date: \_\_\_\_\_