

RELEASE OF LIABILITY FORM

ZOAT International LLC dba Big Island Ghost Tours

1001 Bishop St. STE 2685A
Honolulu, HI 96813

[Date]

Tour Participant's Full Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

I, the undersigned, wish to participate in the ghost, vortex, and/or UFO tours organized by ZOAT International LLC, doing business as Big Island Ghost Tours, hereinafter referred to as "the Company." I understand that these tours may involve various outdoor and indoor activities, including but not limited to walking, hiking, and transportation to different locations. These activities may carry inherent risks, including, but not limited to, injury, property damage, or other potential hazards.

In consideration for being permitted to participate in the Company's tours, I hereby voluntarily assume all risks associated with these activities. I release and discharge the Company, its officers, employees, agents, and representatives (collectively referred to as "the Released Parties") from any and all claims, liabilities, actions, damages, costs, or expenses of any kind arising out of or related to my participation in these tours.

I understand and agree to the following:

1. I acknowledge that the tours may take place in various locations, some of which may be in remote areas without immediate access to medical facilities or assistance.
2. I am in good health and do not have any medical conditions or physical limitations that could prevent me from safely participating in the tours.
3. I will follow all safety instructions and guidelines provided by the Company and its guides during the tours.
4. I grant the Company and its agents permission to use any photographs, videos, or recordings of me taken during the tours for promotional or marketing purposes.
5. I understand that this Release of Liability is a legally binding document, and I am voluntarily signing it of my own free will.

I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY FORM, AND I AM AWARE THAT BY SIGNING IT, I AM WAIVING CERTAIN LEGAL RIGHTS. I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

Participant's Signature: _____ Date: _____

Printed Name: _____