

Waiver of Liability – Mexico Cross Border Tour

Please read and complete this form carefully, sign and return to the Border Community Alliance, PO Box 1863, Tubac, AZ. 85646.

Full Name(s) _____

Mailing Address _____

Home Phone: _____ Cell Phone: _____

Email: _____

In case of emergency, notify (name and phone): _____

Assumption of Risks

I/we are voluntarily participating in a Cross Border Tour offered by the Border Community Alliance with the knowledge that travel to Mexico involves risks, including, but not limited to: forces of nature, roads, vehicles or other means of conveyance, accident and illness. I/we agree to be responsible for our own welfare and to accept any and all risks for the trip.

Release of Liability

I/we realize that the willingness of the Border Community Alliance to provide Cross Border Tours is based in part on all participants signing this Assumption of Risks and Release of Liability. Therefore, we release and discharge the Border Community Alliance, its Board of Directors, staff and all persons associated therewith against any and all liability arising from our participation in this Cross Border Tour to the fullest extent permitted by law. I/We agree that this release will be binding upon ourselves, our heirs, successors, assigns and legal representatives.

Dated: _____

Signatures: _____