

**2024 GLOBAL QUEST INC  
CLASSICALTRIPS.ORG  
ACCIDENT WAIVER AND  
RELEASE OF LIABILITY FORM**

I, \_\_\_\_\_, HEREBY ASSUME ALL RISKS OF  
*(participants legal name)*

PARTICIPATING IN ANY/ALL ACTIVITIES, INCLUDING DOMESTIC AND INTERNATIONAL TRAVEL ASSOCIATED WITH GLOBAL QUEST, INC, specifically including the CLASSICALTRIPS.ORG (May 28-June 17, 2024) to ITALY and/or GREECE and/or TURKEY and destinations in between; including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released.

I certify that I am physically fit, have sufficiently prepared for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this *Accident Waiver and Release of Liability Form* will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this trip activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage or theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity,  
***THE FOLLOWING ENTITIES OR PERSONS:***

Greg or Kim Ford, Classical Conversations, Inc., Global Quest, Inc., ClassicalTrips.org and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Global Quest, Inc and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act, of any party or entity conducting a specific activity on their behalf. I acknowledge that this activity may carry the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities,

temperature, weather, condition of participants, travel, vehicular accidents, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, and/or producers of the activity. These risks are inherent to participants, team members, and leaders.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or Im likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

*I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.*

\_\_\_\_\_  
Participant's Signature                      Date                      Participant's Printed Name

*(If participant under 18 years old, Parent/Guardian must also sign below.)*

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Parent/Guardian Printed Name