



**Acknowledgement of Responsibility, Express Assumption of Risk, and Release of Liability**

I understand that during my participation in this project I may be exposed to a variety of hazards and risks, foreseen and unforeseen, which are inherent in each event and cannot be. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death. The Arizona Trail Association has not tried to contradict or minimize my understanding of these risks. I know that injuries and damages can occur by natural causes or activities of other persons, animals, staff members, leaders and assistants or third parties, either as a result of negligence or because of other reasons. I understand that risks of such injuries and damages are involved in outdoor adventures, and I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards. I further understand that on this project there may or may not be rescue or medical facilities or expertise necessary to deal with the injuries and damages to which I may be exposed.

To the fullest extent allowable by law, I agree to waive, discharge claims, and release from liability, and to indemnify and hold harmless the Arizona Trail Association, its employees, leaders and associates from any and all liability on account of, or in any way resulting from injuries and damages, even if caused by negligence of its employees, leaders and associates in any way connected with this event. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators, and assigns.

I have read this document in its entirety and I freely and voluntarily assume all risks of such injuries and damages not withstanding such risks, I agree to participate in the volunteer event.

Participant Name (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

I, the parent or guardian of the minor named above, agree to the foregoing Agreement and give my permission for him/her to participate in the outing. I further consent and allow the project leader(s) or bearer of this document to administer first aid and/or secure medical attention for the minor as the project leader or document bearer deems proper. I understand that efforts will be made to contact me if medical treatment should be needed. I will ensure that the minor will bring any necessary medications with him/her on the event.

Parent or Guardian Name (print): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

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**Photo Release:** I give permission for the Arizona Trail Association to take photographs and video footage of me and/or my child for educational, promotional and marketing purposes. These photos may be published online or in print media to support the mission of the organization.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please list all allergies, medications, physical limitations, concerns, recent surgeries, food preferences and any other information that may beneficial for Leader(s) to know. Please use back of side of this form:**