

CHEMEKETAN
Release from Liability and Assumption of Risk
(Read Carefully)

Activity _____ Date _____

Leader _____

I am aware that Chemeketan activities like the one I am signing up for are potentially dangerous, that accidents can happen, and that illness can occur in remote places.

In consideration of being permitted to join and participate in this Chemeketan activity, I do for myself, my heirs, legal representatives, and assigns (or, if applicable, as a parent or legal guardian of a minor), assume all risks associated with this activity and traveling to and from the activity, and release and discharge the Chemeketans, their officers and agents from all liability for any and all loss, damage or claim on account of property damage, death or bodily injury to me, my minor child or minors for whom I am legal guardian, caused by the act of failure to act of the Chemeketans, their officers and agents.

I agree to pay for my own medical and /or rescue expenses, whether or not authorized by me in the event of accident or illness.

I have read and understand the above and voluntarily affix my signature below.

1. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
2. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
3. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
4. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
5. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____

*Signature of parent or guardian if participant is a minor (under 18 years of age).

6. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
7. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
8. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
9. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
10. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
11. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
12. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
13. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
14. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____
15. Name (please print) _____ Phone # _____
Address _____
City _____ State _____ Zip _____
Signature* _____

*Signature of parent or guardian if participant is a minor (under 18 years of age).

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