

Date: _____ Program Activity: _____

PROGRAM GUIDE(S) _____ / _____



AGREEMENT FOR RELEASE OF LIABILITY AND ASSUMPTION OF RISK NATURE
WALK/CANOE ACTIVITY **[ONE FORM PER PERSON]**

I am aware that walking in riverbottom areas and canoeing a river are hazardous activities involving the risk of injury, death, and property loss. Uneven ground, proximity to the river, moving and still water, transportation to and from the river, rocks, wild plants and animals, equipment, low end rope course types activities (e.g. raised teeter totter platform, raised web activity, balance beams, etc.), and other people present hazards which I acknowledge. I am aware of the risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof that exist, and it is impossible to eliminate the risk that I could become infected through contact with or close proximity to an individual with a communicable disease. I also acknowledge that the opportunity to be in the outdoors and wilderness make the comforts of civilization and medical care more difficult to obtain. Acknowledging these risks, I wish to participate in this trip.

IN CONSIDERATION for being permitted to participate, I agree to:

- 1) Accept and assume all risks and hazards related even remotely to outdoor activities, not limited to these mentioned above including those arising from negligence, carelessness, or omission of those listed below;
- 2) Waive, release, and discharge all claims and liabilities for injury, death, or loss I have or may have in the future from any cause as a result of my participation, even if the claim or liability is due to negligence, carelessness, or any act of omission of those listed below;
- 3) Not make any claim, file suit, or demand anything for any injury, death, or loss that arises in any way from my participation;
- 4) Indemnify and pay all costs and expenses for those listed below in any legal action for injury, death or loss to: (a) me, or (b) any other person as a result of my conduct;
- 5) Consent to pay for any medical diagnosis and treatment rendered to me by anyone for injury or other medical situation during or resulting from my participation. In connection therewith, I have informed the head guide of all medical conditions I have.
- 6) Grant full permission to the San Joaquin River Parkway and Conservation Trust, Inc. or agents authorized by it to use any photographs, video tapes, motion pictures, recording or any other record of the Nature Walk/Canoe Activity for any legitimate purpose. Further, I hereby waive any right I may have to inspect or approve the finished product.

These promises apply in advance to the San Joaquin River Parkway and Conservation Trust, Inc. all of its affiliates, agents, and volunteers, and to all persons or entities involved in this trip, including other guests, landowners, public agencies, and equipment suppliers. These promises are binding on me, all members of my family, all minors who accompany me, and also by my heirs, successors, or any legal representatives.

BY SIGNING THIS AGREEMENT I AGREE THAT I HAVE READ IT CAREFULLY. I AM GIVING UP LEGAL RIGHTS THAT I MIGHT HAVE. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

YOUR SIGNATURE _____ DATE SIGNED _____

[Participant, or Parent/Guardian if under 18]

NAME (LAST):

[PARTICIPANT NAME] _____ (First) _____ PHONE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

EMERGENCY CONTACT AND PHONE # _____

MEDICAL CONDITIONS/MEDICATION _____

I DO NOT WANT TO BE ADDED TO THE TRUST'S MAILING LIST