Friends of Gold Butte Participant Agreement, Acknowledgment of Risk, and Release from Liability

Activity: **Volunteer Organizer(s)**: **Date**:

VOLUNTARY PARTICIPATION: I acknowledge that my participation in all Friends of Gold Butte (FoGB) activities is voluntary. No one is forcing me to participate. I agree to abide by the rules of the FoGB.

ASSUMPTION OF RISK: I am aware that FoGB activities involve risks, and may result in injury, illness, death, and damage to or loss of property. These dangers include but are not limited to: the hazards of traveling in remote areas without medical services or care, the forces of nature, the inherent dangers involved in participation in sports, wilderness travel, and social activities, and the negligent actions of other persons or agencies. I understand that all activities should be considered exploratory, with the possibility of unexpected conditions and route variations. The FoGB is not, nor does it provide, a professional guide service. In order to partake in the enjoyment and excitement of FoGB activities, I am willing to accept the risk and uncertainty involved as being an integral part of the activity. I acknowledge this risk, and assume full responsibility for any and all risks of injury, illness, death, or damage to or loss of my property.

RELEASE OF LIABILITY AND PROMISE NOT TO SUE: I agree that I, my heirs, personal or legal representatives hereby do release and hold harmless from all liability, and promise not to bring any suit or claim against the FoGB, its activity organizers, directors, agents or representatives for any injury, illness, death or damage and loss of property resulting from my participation in any FoGB activity even if they negligently caused the injury or damage.

LEGAL FEES: Should it become necessary for the FoGB, or someone on their behalf, to incur attorney fees and costs to enforce this agreement, I agree to pay the FoGB reasonable costs and fees thereby expended, or for which liability is incurred.

INSURANCE: I understand that the FoGB strongly recommends that I maintain insurance sufficient to cover any injury, illness or property damage that I may incur while participating in FoGB activities. In the event of injury, illness or death related to any FoGB activity, I recognize that I, or my estate, will bear the full cost of my evacuation or recovery, and any related medical care that I may need. I acknowledge that the FoGB carries a limited accident insurance for participants in FoGB activities and the total medical expenses exceed policy limits are my responsibility.

PREPARATION: I understand that it is my responsibility to evaluate the difficulties of any FoGB activity I participate in, and decide whether I am prepared by having the experience, skill, knowledge, equipment, and the physical and emotional stamina to participate safely.

Medical Condition: I understand the health and physical-condition requirements of this activity. Medical conditions or physical limitations that may occur should be explained to the event organizer.
Media Consent: I authorize the Friends of Gold Butte to use photographs and video of me and testimonial from me taken during this activity with or without my name for any lawful purpose including publicity, advertising, fundraising, illustration, and web content.
My signature below indicates I have read this entire document, understand it completely, understand it affects my legal rights, and agree to be bound by its terms. I certify I am at least 18 years old. I agree to adhere to the guidelines for visiting cultural and historic sites and practice Leave No Trace ethics when visiting Gold Butte.

PRINTED NAME	SIGNATURE	EMERGENCY CONTACT	CONTACT'S PHONE #