## RELEASE FROM LIABILITY AND ASSUMPTION OF RISK

For the Annual Outing at Port Angeles – Olympic National Park, July 22 - August 5, 2023 This form applies to the Outing and any other days you are onsite. Read carefully before signing.

I am aware that Chemeketans activities, including the Annual Outing, are potentially dangerous and that accidents and illnesses can occur in remote places. In consideration of being permitted to join and participate in this Chemeketans activity, I do for myself, my heirs, legal representatives, or 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 any act or failure to act of the Chemeketans, their officers and agents. I recognize that I am responsible for following Chemeketans COVID-19 guidelines in order to limit my exposure to COVID-19.

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 signa	ature below.		
Name (print)	Phone			
Signature of Applicant				
Address	City	State	Zip	
Signature of parent or guardian	if applicant is a minor (under 21)			
mail to	: Chemeketans Outing, P.O. Box	864. Salem. OR 9	7308	
man to	. Onomonotano Gating, Fron Box	oon, caronn, on o	7000	
REL	EASE FROM LIABILITY AND ASS	SUMPTION OF RIS	K	
	ng at Port Angeles - Olympic Nat			
This form applies to the	Outing and any other days you a	re onsite. Read ca	refully before sig	ning.
and illnesses can occur in remo Chemeketans activity, I do for n legal guardian of a minor), assu release and discharge the Cher claim on account of property da guardian, caused by any act or	activities, including the Annual Outin te places. In consideration of being nyself, my heirs, legal representative me all risks associated with this actineketans, their officers and agents f mage, death or bodily injury to me, if ailure to act of the Chemeketans, the eketans COVID-19 guidelines in order	permitted to join and es, or assigns (or, if wity and traveling to from all liability for a my minor child or made in officers and age	d participate in thi applicable, as a p and from the acti ny and all loss, da inors for whom I a ents. I recognize the	s parent or vity, and amage or am legal nat I am
I agree to pay for my own medic accident or illness.	cal and/or rescue expenses, whethe	r or not authorized l	by me, in the ever	nt of
I have read and understand the	above and voluntarily affix my signa	ature below.		
Name (print)	Phone			
Signature of Applicant				
Address	City	State	Zip	

mail to: Chemeketans Outing, P.O. Box 864, Salem, OR 97308

Signature of parent or guardian if applicant is a minor (under 21)\_\_\_\_\_