## RELEASE FROM LIABILITY AND ASSUMPTION OF RISK For the Annual Outing in the Wallowas, July 27 - August 10, 2024 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 ab	ove and voluntarily affix my sign	ature below.		
Name (print)	Phone			
Signature of Applicant				
Address	City	State	Zip	
Signature of parent or guardian if a	pplicant is a minor (under 21)			
mail to: C	hemeketans Outing, P.O. Box	x 864, Salem, OR 9	7308	
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