

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 above and voluntarily affix my signature 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 97308

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