

## **Guest Release** and Indemnity Agreement

Activity:			
Date(s) of Activity:			
Leader(s):			
	est must read, understand, agree as club activity. ALL sections MUS	nd sign the <u>Guest Release and Indemnity</u> Γ be completed.	Agreement
2. GUEST INFORMATI	ON: (Please PRINT. One person	per form. Fill in all blanks and be thore	ough!)
Last Name	First	Middle	
<b>Mailing Address</b>			
City, State, Zip			
Birthdate	Cell Phone	Home Phone	
Emergency Contact Name		nergency ntact Phone	
3. TYPE OF ACTIVITY			
In your own words, describ	be the activity <i>clearly</i> and <i>specifica</i>	ally. Use additional space as needed.	
4. GUEST RELEASE AN	ND INDEMNITY AGREEMEN	Т	
involve certain dangers including remote places, forces of nature	letrackers, a non-profit organization. I ing (but not limited to) the hazards of t e, and the actions of participants and of	hereby state that I wish to participate recognize and understand that any outdoor traveling in wilderness terrain, accidents or ther persons. I further understand and agreemakers would not be able to offer its activities.	rs activity may illness in ee that without
RELEASE, HOLD HARMLES causes of action arising out of c	SS AND INDEMNIFY Sidetrackers ar	n the activities offered by Sidetrackers, I ag nd its members from any and all liability, cla cipation in any activities offered by Sidetra	aims, and
	demnity agreement and have fully info orce and effect until cancelled or witho	rmed myself of its contents before I have signamn in writing by the undersigned.	gned it. This
Signature of Participant:		Date:	
5. GUEST MEDICAL IN	NFORMATION: Do you have any	medical or health conditions which migor which you have registered or signed-u	-
□No □Yes:			
	· •	e the back of this page if more room is ction 2 above, may be required by the	-