



Trip Participant Acknowledgement of Risk, Express Assumption of Risk, Waiver and Release of Liability, Indemnification, and Hold Harmless Agreement (“the Agreement”)

I, _____, a voluntary participant in the Bears Ears Camping Trip from May 2, 2021 to May 7, 2021 organized by the Santa Fe Conservation Trust understand that my participation in program activities may include:

- hiking in remote areas
- primitive camping in remote area
- exposure to wild animals, snakes, and insects
- exposure to inclement weather
- use of cooking tools, stoves, equipment
- driving or being driven to remote locations
- other strenuous outdoor activities

In this document, these will be collectively referred to as the “activities.”

By my signature below, the extent legally permitted, I **waive, release, and discharge from all claims and all liabilities, and covenant not to sue** the Santa Fe Conservation Trust, its agents, board of directors, employees, or staff as a result of my participation in the activities. I have voluntarily signed this waiver on behalf of myself, my family, estate, heirs, and assigns.

I acknowledge that I am aware that this trip will be physically demanding, with activities including hikes up to 8 miles per day in remote locations. I understand that these activities can involve serious health risks, may be considered dangerous and include the risk of injury or death. My participation in the activities may expose me to the possible reckless, negligent, or intentional conduct of other participants. I understand that the hazards associated with these activities cannot be foreseen. **I declare that I am in good physical condition, am fully capable of participating on this trip and assume the risks associated with my participation in the activities.**

I agree that if any portion of this Agreement is held invalid or overbroad, the remainder of the Agreement shall continue in full legal force and effect.

In addition, I agree that the Santa Fe Conservation Trust, may use any pictures of me taken during this trip for print, promotional, the SFCT newsletter, or other purposes.

Primary Emergency Contact _____ Relationship _____

Home # (____) _____ Mobile # (____) _____

Secondary Emergency Contact _____ Relationship _____

Home # (____) _____ Mobile # (____) _____

(over)

I HAVE READ AND FULLY UNDERSTAND THE ABOVE ACKNOWLEDGEMENT OF RISK, EXPRESS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING IT. I HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.

Participant's Printed Name

Date

Participant's Signature