

GREATER ARKANSAS RIVER NATURE ASSOCIATION (GARNA)
ACTIVITY LIABILITY RELEASE FORM 2022

GARNA, a non-profit organization, sponsors outdoor activities and field trips organized for the benefit of its members and the greater Arkansas River community. The person signing this Activity Liability Release Form is voluntarily participating in one or more GARNA activities.

By signing below, I acknowledge that these activities may be dangerous and that there are risks, known and unknown, that may result in possible loss, damage, injury, or death. I realize that I must be prepared for all risks presented by participation in these activities including, among other things, changeable weather conditions, rough terrain, lack of medical facilities, etc. and will take appropriate actions by wearing appropriate outdoor shoes and protective clothing, by consuming adequate amounts of drinking water and using sunscreen, and by generally being attentive to the surrounding physical hazards.

With full knowledge of the hazards and responsibilities, I confirm that I have read this Activity Liability Release Form and voluntarily assume all risks occurring in connection with the GARNA outings. I, _____, on behalf of myself, all of my family, heirs and all representatives, and subrogates hereby release, indemnify and hold harmless GARNA and any and all GARNA volunteers, employees, chapters, agency partners, guides, directors, and associated or affiliated persons including Salida Walking Tours, from liability, claims, demands, or causes of action. I further release, indemnify and hold harmless agencies and personal property owners allowing access to private and public lands from liability, claims, demands, or causes of action.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT AND THAT BY SIGNING IT I AM GIVING UP MY RIGHT TO SUE OR OTHERWISE MAKE A CLAIM against GARNA or other persons or agencies mentioned above.

I agree to be solely responsible for my own safety and to take every precaution to provide for the safety and wellbeing of myself and my family while participating in GARNA activities. I also understand that there may not be rescue or medical expertise available on GARNA outings and agree to be responsible for any medical or rescue fees incurred as a result of sickness or injury.

Signature: _____ Print Name: _____

If a minor, name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____ Email Address: _____

Address, City, State, Zip: _____