

Southwest Colorado Canyons Alliance
Participant Release of Liability and Assumption of Risk Agreement
- *Please read before signing* -

Participant's Name: _____

Email: _____ Phone Number: _____

In consideration of participation in hiking within Canyons of the Ancients National Monument, I, the undersigned, acknowledge, appreciate, and agree that:

- 1) The risk of injury from hiking is possible, including but not limited to: sore muscles, sprains, bruises, blisters, injuries from cacti or other plants, insect and other animal bites.
- 2) I agree that I am in proper health to hike the distance for which I have registered. I have informed the hiking guide of any limitations.
- 3) **I knowingly and freely assume all such risks**, both known and unknown, **even if arising from the negligence of the releasees or others** and assume responsibility for my participation.
- 4) I willingly agree to comply with terms and conditions for my participation.
- 5) **Please initial if you agree:** _____ By participating in hiking activities, I consent to the use of photographs, pictures, film, or videotape taken of me for publicity, promotion, television, websites, or any other use, and expressly waive any right of privacy, compensation, copyright, or other ownership right connected to same.
- 6) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release, indemnify, and hold harmless Southwest Colorado Canyons Alliance, Canyons of the Ancients National Monument, the Canyons of the Ancients Visitor Center and Museum**, their officers, officials, agents, and/or employees, contractors, other participants, sponsors, advertisers from any and all claims, demands, losses, and liability arising out of or related to any **injury, disability, or death** I may suffer, or loss or damage to person or property, **whether arising from the negligence of the releasees or otherwise**, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement and fully understand its terms and sign it freely and voluntarily without inducement.

Emergency Contact: _____ Phone: _____

Participant's Signature: _____ Date: _____

For parents/guardians of participants of minor age (under 18):

This is to certify that I, as parent/guardian of this participant, do consent and agree to his/her release as provided above of all Releasees and, for myself, my heirs, assign, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in this activity as provided above, *even if arising from the negligence of the releasees*, to the fullest extent permitted by law.

Parent/Guardian Signature: _____ Date: _____