

**SRF FIELD TOUR RELEASE, WAIVER OF LIABILITY, INDEMNITY AGREEMENT AND
MEDICAL RELEASE**

I am aware that during the Salmonid Restoration Federation's 2016 Trinity County BMP Workshop field tours (hereinafter, referred to as "Tours") in which I am enrolling I will be exposed to certain risks and hazards associated with tour activities (which include but not limited to; field training exercises and demonstrations, classroom instruction and demonstrations) and normal non-instructional Tour activities. I am aware that these risks and hazards may result in property damage, personal injury or death.

In consideration of being permitted to enroll in and participate in the Tour, I agree to the following:

1.) I hereby:

(a) release, waive, and discharge the Salmonid Restoration Federation, their directors, officers, employees and agents (hereinafter, referred to as "Releasees" from all liability to me, my personal representatives, assigns, heirs and next of kin for any loss or damage in any claim or demands therefore, on account of property damage, personal injury or death, whether caused by the negligence of Releasees or otherwise, arising out of the course(s), and

(b) covenant not to sue Releasees for any loss or damage in any claim or demands therefore, on account of property damage, personal injury or death, whether caused by the negligence of the Releasees or otherwise, arising out of the course(s).

2.) I agree to indemnify save and hold harmless the Releasees and each of them from any loss, liability, damage or cost that they may incur due to my enrollment or participation in the course(s) whether caused by the negligence of the Releasees or otherwise.

3.) I hereby assume full responsibility and risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise arising out of the course. I understand that there are certain risks and dangers that may occur, including but not limited to: the hazards of traveling mountainous terrain; the hazards of aquatic activities; exposure to personal injury; accident or illness in remote places without medical facilities; forces of nature; and travel by air, train, boat, automobile or other conveyance.

4.) I further expressly agree that the foregoing Release, Waiver of Liability and Indemnity is intended to be broad and as inclusive as is permitted by the laws of the State of California and that if any portion therefore is held invalid, it is agreed that the balance shall continue in full legal force and effect.

5.) I have read and voluntarily signed this Release, Waiver of Liability and Indemnity Agreement and further agree that no oral representation, statement or inducements not contained in this document have been made.

6.) I agree that while participating in this course I will conform to all policies of the Tour, and to abide by all state and federal laws. I also agree to accept and follow the directions of the tour(s) leader(s) or

instructor(s) and act in a mature and responsible manner. I further agree to follow all wilderness regulations and ethic, and to adhere to any lodging requirements or precepts. I agree not to leave a group or activity area to which I am assigned or the Tour unless I first notify the course instructor(s) or Tour Director. I understand that upon leaving the group, activity area or Tour, I waive all rights as a tour participant.

- 7.) I hereby grant permission for the performance of any emergency medical treatment that may be required in the case of an emergency wherein I am rendered unconscious or unable to approve of the required medical treatment. In the event that I become the victim of an accident I will hold harmless from any liability or negligence actions which may arise in connection with the search and rescue, stabilization, evacuation, transportation, and emergency care I receive while secondary aid resources are being sought.

Do you have a condition or illness such as diabetes, asthma, bee sting allergy or other allergies which may require special attention or affect your ability to participate in the tour(s) in which you are enrolling? No Yes

PARTICIPANTS SIGNATURE

DATE _____

IN CASE OF EMERGENCY CONTACT:

ADDRESS _____

DAY PHONE _____ **EVENING PHONE** _____

RELATION (describe)
