

Castle–Crown Wilderness Coalition Waiver Form

I desire to participate in field trips (hikes) of the Castle–Crown Wilderness Coalition.

I affirm that as a participant I am prepared to stay with the group and follow the directions of the coordinator.

I affirm that I am in good health and mentally, and physically capable of participating in the above trip.

I acknowledge that I am aware of the inherent risks, hazards and dangers associated with hiking, climbing, skiing or camping or other activities arising from my participation in these trips which may result in injury to me or result in my death.

Therefore in consideration of my participation in these trips, for myself, my heirs, my executors, my administrators and my successors, I hereby:

1. Waive all my rights against and unconditionally release and discharge the Castle–Crown Wilderness Coalition, its members, its affairs and its coordinators from all manner of activities , causes of action, suits, claims and demands for damages, personal injury, death, loss or damage to property, expenses or otherwise which may or shall arise in any way as a result of my participation in the above trips and
2. Indemnify and save harmless the Castle–Crown Wilderness Coalition, its members, its officers and its coordinators from and against all manner of action, causes of action, suits, claims, demands and costs arising out of my participation in the above trips.

Date of Activity: _____

Name	Address	Postal Code	Telephone Number	Signature

Signatures of all adults are required, and parent or legal guardian must sign for all applicants under 16 years of age.