SITKA TRAIL WORKS

Participant Information, Agreement & Liability Release Form

PRINT NAME(S):
Address:
Contact Phone #:
Email: ☐ Yes, please add me to the STW email list to receive newsletters, hike surveys, and general updates. ☐ No, exclude me from the email list. (I wish to only be contacted directly from STW staff, as needed).

LIABILITY RELEASE AND ASSUMPTION OF RISK

I/We understand that my/our participation in any outdoor activity involving hiking, biking, or trail maintenance work constitutes an amount of danger and risk of injury, harm or death to me/us. I/We acknowledge and understand that the risk includes, among other things: exposure to adverse weather conditions, sun, strong winds, storms, animals, injuries, slips and falls while hiking, and rapidly changing weather conditions. I/We choose to participate in this hike with Sitka Trail Works (hereinafter referred to as STW). I/We voluntarily elect to accept all risks connected with my/our participation in this hike with STW. I/We consent to receive first aid and medical treatment in the event of an accident, injury and/or illness during this hike. I/We take full financially responsibility for loss and/or damage to gear provided and will replace and/or repair any damage or loss of such.

I/We do hereby, discharge and covenant not to sue STW, its directors, employees, agents, and assigns from any and all claims and liability for any breach of implied or expressed warrantees, strict tort liability or any other actions arising from my/our participation in this hike with STW, which cause my/us injury, death, damages or property damage. I/We hereby covenant to hold STW, its owners, employees, agents and volunteers harmless and to indemnify them and/or each of them of what may incur arising out of my participation in this hike with STW or any damages related thereto.

I/We agree to be photographed at above activity and I/we give STW my/our permission to use these photographs for education, non-commercial advertising fundraising and public relations. I/We do not authorize sale or reproduction to or by any other party.

By signing this document, I/we acknowledge that I/we have read and understand this document. I/We do further enter into release and sign it on behalf of myself, my personal representatives, heirs-at-law, next of kin, spouse and assigns. If I/we choose to pursue any legal action I/we will do so in the State of Alaska.

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Signature of Participant Print Name Date

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Signature of Participant Print Name Date

Parent or legal guardian must sign for children & teens under 18 years of age. Minors must attend event with an adult.

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