

WASHINGTON NATIVE PLANT SOCIETY Release and Indemnity Form

Field Trip: _____

I/we personally assume all risks in connection with any and all activities with the Washington Native Plant Society. Such potential risks include but are not limited by hazards of travel in mountainous terrain or on primitive rustic trails, accidents or illnesses in remote areas, without medical facilities, and forces of nature.

I/we agree to indemnify and hold the Washington Native Plant Society, its officers, directors, trip/project leaders, employees and representatives harmless of any and all liability, claims, causes of action, debts, and demands of every kind and nature whatsoever, that may arise from or in any connection with my/our participation in any activities offered or arranged by the Washington Native Plant Society.

I/we do hereby release the Washington Native Plant Society, its officers, directors, trip/project leaders, employees and representatives from any and all liabilities for any harm sustained by me from any cause whatsoever, including negligence in connection with my/our participation in any activities offered by the Washington Native Plant Society.

The terms of this form shall serve as a release and assumption of risk for my heirs, executors, and administrators and for all members of my family, including any minors accompanying me. (Parents and guardians must sign for all persons under 18 years of age.)

I AM/WE ARE FULLY INFORMED AS TO THE CONTENTS OF THIS RELEASE AND INDEMINITY FORM AND HAVE THOROUGHLY READ IT BEFORE SIGNING THIS FORM. This release may be signed in serial.

In witness whereof, I/we have executed this binding release on the _____ day of _____, _____.

Signature _____
Print Name _____
E-Mail Address _____
Street Address _____
City/State/Zip _____
Phone Number _____

Signature _____
Print Name _____
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