

## Creation Association of Puget Sound 2017 Field Trips

\_\_\_ July 8 Dry Falls

\_\_\_ July 22 Mt. St. Helens

\_\_\_ Aug 12 Dry Falls

\_\_\_ Aug 26 Mt St. Helens

(please select one trip --- fill out a separate form for each trip)

### Release from Liability (Required of all non-dependent adults)

I acknowledge that this field trip involves vehicle travel, to, from and during the field trip. The field trip includes stopping at numerous public attractions and specifically includes hiking, all of which has many dangers and inherent risks, both to person and property. Specifically, regarding hiking, the risks I may expose myself to by participating include, but are not limited to, becoming lost, hypothermia, dehydration, over-heating, over-exertion, rock and other falling objects, and by injury by falling or others falling.

In consideration of myself, my family and others in my party, I agree that safety for myself, my family and others in my party, is primarily my own responsibility. I agree to make sure that I know how to safely participate in the field trip and I agree to observe any rules and practices that may be employed to minimize the risks associated with the field trip. I agree to stop and seek assistance if I do not believe I can safely continue to participate in the field trip and to refrain from any and all actions that would pose a hazard to me or others.

In consideration of my application and permitting me to participate in this field trip, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during the field trip or my traveling to and from the field trip, THE FOLLOWING ENTITIES OR PERSONS: Creation Association of Puget Sound and the Mt. St. Helens Creation Center, and their directors, officers, board members, employees, volunteers, representatives and agents, the event sponsors and event volunteers, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities, demands, claims or injuries, including death, that I may sustain during or in conjunction with the field trip including those made by other individuals or entities as a result of my actions during the field trip.

I consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this field trip including paying my own medical and/or evacuation expenses, whether or not authorized by me. I consent to pay for all expenses related to my personal vehicle breakdown, damage, accident or running out of gas. I acknowledge that I, as the driver/owner, have adequate vehicle insurance. I acknowledge that this release applies to my dependants and underage guests in my party. This release shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

**I hereby certify that I have read this document and I understand its content.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Car Make \_\_\_\_\_ Model \_\_\_\_\_ Lic # \_\_\_\_\_

Names of dependents/guests riding with you:

Please enclose a recommended minimum donation (non-refundable) of \$10 per person in your party (checks payable to CAPS) and send this reservation to: CAPS 11914 NE 140<sup>th</sup> PL Kirkland WA

Info: contact Ron Payne 425-820-2897 or [creationrj@comcast.net](mailto:creationrj@comcast.net)