



Idaho Trails Association | P.O. Box 165, Boise, Idaho 83701
www.idahotrailsassociation.org

Participant Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (1): _____ Phone (2): _____

E-mail: _____

Release & Indemnity Agreement

The undersigned, in consideration for being able to participate in volunteer trail projects sponsored by the Idaho Trails Association (“ITA”), taking place on the date of execution of this agreement and thereafter, hereby acknowledges that this Release Agreement (“Agreement”) constitutes a legal and binding contract between me and the ITA. By executing this Agreement, I hereby acknowledge the following:

- (1) I acknowledge that this Volunteer Registration Form contains complete and accurate information and will contact the ITA if any medical or health condition changes before the start of the trip.
- (2) I acknowledge that providing inaccurate medical or health information or falsifying medical or health information can create serious risks to myself or others, and/or can result in my dismissal from the trip.
- (3) I understand that although ITA representatives may review my health information, ITA cannot anticipate or eliminate risks or complications posed by my mental, physical or emotional condition.
- (4) I aware that projects sponsored by ITA involve the construction and maintenance of trails and recreation facilities, and that participation in these projects poses certain dangers, including, but not limited to, the hazards of traveling in and hiking in wilderness and often steep mountainous terrain, using hand or motorized construction tools (and of working in the proximity of such tools when used by others), injury or illness in remote places without medical aid, lifting and working on often narrow and precipitous trails and unforeseen events caused by the forces of nature.
- (5) Trail work, hiking or other physical activities can be dangerous. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death and I have evaluated my ability and the status of my health in deciding to participate in ITA volunteer projects.
- (6) ITA has no control over and takes no responsibility for trail conditions, trail steepness, weather, elevation or wildlife that I may encounter or the effects of such upon my person or the person of any minor that is subject to this Agreement.
- (7) ITA is not providing me or anyone accompanying me transportation to or from the trailhead, food, water, clothing or medical aid.
- (8) My mode of transportation is my choice and at my expense.

Further, by executing this Agreement:

- (1) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby RELEASE, INDEMNIFY AND HOLD HARMLESS ITA, its officers, agents, employees, volunteers, other participants WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of or damage to person or property associated with my presence or participation in the volunteer project activities or from any activities related to the event.
- (2) I KNOWINGLY AND FREELY ASSUME ALL THE RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE ITA, ITS AGENTS, EMPLOYEES, OTHER PARTICIPANTS or others, and assume full responsibility for my participation.
- (3) I hereby acknowledge this Agreement applies to all events arising in connection with ITA volunteer project activities and applies to all ITA volunteer project activities occurring between January 2019 and December 2019.
- (4) I hereby acknowledge I have read this Agreement and understand each and every provision of it. I further understand that I am giving up substantial rights by signing this Agreement but have done so voluntarily.

Participants signature: _____ Date: _____

Participants printed name: _____

Release & Indemnity Agreement Continued

For Parents/Guardians of Participants of Minority Age (under age 18 at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, this participant and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to this participant's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

Parent/Guardian's signature: _____ Date: _____

Parent/Guardian's printed name: _____