

Sonshine Wilderness Retreat

REGISTRATION/RELEASE FORM

Group Name: _____ Group Coordinator Name: _____

Personal Information

Name: _____ Participant's age: _____

Child's Name: _____ Child's age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Participant E-mail (very important): _____

Release of Liability & User Indemnity Agreement for Sonshine Wilderness Retreat

I hereby acknowledge that I, or I and my child, have voluntarily agreed to participate in the activities led by Sonshine Wilderness Retreat (SWR).

I understand that the activities and all other hazards and exposures connected with the activities conducted in the outdoors do involve risk and I am cognizant of the risks and dangers inherent with the activities. I (or I and my child) am (are) fully capable of participating in the activities contracted for and willingly assume the risk of injury as my responsibility whether it is obvious or not.

I understand and agree that any bodily injury, death, or loss of personal property and expenses thereof as a result of my, or my child's, negligence in any scheduled or unscheduled activities associated with Sonshine Wilderness Retreat are my responsibilities.

I understand that accidents or illness can occur in remote places without medical facilities, physicians, or surgeons, and be exposed to temperature extremes or inclement weather. I further agree and understand that any route or activity chosen may not be of minimum risk, but may have been chosen for its interest and challenge.

I agree to defend, indemnify, and hold harmless SWR, the USDA Forest Service, Colorado Parks and Recreation Department, and any and all state or government agencies whose property the activities may be conducted on, and all of their officers, members, affiliated organizations, agents, or employees for any injury or death caused by or resulting from my and/or my child's participation in the activities, scheduled and unscheduled, whether or not such injury or death was caused by my, or their, negligence or from any other cause. **By signing my initials below, I certify this is a release of liability.**

Adult participant initial here: _____ (Initials)

