

## FRIENDS OF THE TONTO NATIONAL FOREST

## **Liability Waiver**

Wildcat Trailhead/Staging Area, Cave Creek Ranger District

## Milkweed Watering Project, WildcatTrailhead, Cave Creek Ranger District

understand that during my participation in this project I may be exposed to a variety of hazards and risks, foreseen and unforeseen, which are inherent in each event and cannot be eliminated without destroying the unique character of the event. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death. Friends of the Tonto National Forest has not tried to contradict or minimize my understanding of these risks. I know that injuries and damages can occur by natural causes or other reasons. I understand that risks of such injuries and damages are involved in outdoor activities, and I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards. I further understand that on this event there may or may not be rescue or medical facilities or expertise necessary to deal with the injuries and damages to which I may be exposed.

To the fullest extent allowable by law, I agree to waive, discharge claims, and release from liability, and to indemnify and hold harmless Friends of the Tonto National Forest, its board, leaders and associates from any and all liability on account of, or in any way resulting from injuries and damages, even if caused by negligence of its board, leaders and associates in any way connected with this event. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators, and assigns.

I acknowledge that I am medically fit to participate in this event, and that I have informed FOTNF of any medical conditions that may affect my ability to safely undertake activities in an outdoor setting. I have read this document in its entirety and I freely and voluntarily assume all risks of such injuries and damages. Notwithstanding such risks, I agree to participate in this event.

## Include signature electronically, as /s/ type your name.

**Event Location:** 

Event Organizer: Patti Fenner

Name – Print legibly	Signature	Email (optional)	Date	First time volunteer?
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap to enter a date.	