



# PARTICIPANT RELEASE WAIVER

## RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE

I \_\_\_\_\_, fully understand that my participation in the field trip(s) to:

- 1/12/17      Pipes Canyon Indian Loop      (initial)
- 1/25/17      Ladders Canyon Loop      (initial)
- 2/8/17      Jo Pond to Cedar Springs      (initial)
- 2/22/17      Ramona Trail to Tool Box Springs      (initial)
- 3/8/17      Mission Creek to Pacific Crest Trail      (initial)
- 3/22/17      Yauai Well      (initial)
- 4/5/17      Murray Canyon Trail      (initial)

exposes me to a risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this/these event(s)/trip(s) and agree to assume any such risks.

I hereby release, discharge and agree not to sue The City of Indio for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in this/these event(s)/trip(s) from whatever cause, including the active or passive negligence of The City of Indio or any other participants in this/these event(s)/trip(s). The parties to this agreement understand that this document is not intended to release any party from any act or omission of “gross negligence” as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in this/these event(s)/trip(s), I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless The City of Indio from any and all claims, demands, actions or suits arising out of or in connection with my participation in this/these event(s)/trip(s).

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I voluntarily want to provide my insurance information in case an emergency occur and I need medical attention. Insurance \_\_\_\_\_, Policy Num. \_\_\_\_\_

I decline to provide my insurance information.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

\_\_\_\_\_  
PARTICIPANT NAME AND SIGNATURE

\_\_\_\_\_  
DATE