



**SISTERS TRAILS ALLIANCE
INFORMED CONSENT/PARTICIPANT WAIVER**

Activity:

Date(s):

I, the Participant, or the parent/guardian of Participant, named below understands the possibility of injuries resulting from the activities indicated above or other activities sponsored by Sisters Trails Alliance (STA). I hereby acknowledge and accept all risks and hazards incidental to participation in such activities, and I hereby release, absolve, indemnify and hold harmless STA and its directors, officers, employees and agents from the death of or any injury to Participant's person or property resulting from such activities.

In case of personal injury, I understand STA should not be relied on to provide insurance coverage for Participant and that such coverage constitutes a responsibility of the Participant or their parent/guardian. I hereby release from liability and waive any and all claims against any person who, on behalf of STA, is involved in the transportation of Participant in connection with STA activities.

I hereby consent to emergency medical treatment of Participant to assure prompt treatment and prevention of undue delay. I understand that such treatment may be provided by either a licensed physician or a trained emergency care technician.

I agree that STA may use, reproduce, disclosed and distribute Participant's name, likeness or comments for its marketing purposes.

I acknowledge that I have read, fully understand and accept the above provisions and I recognize that STA is relying on such acceptance in permitting participant to participate in its activities.

Participant Signature (or Parent/Guardian)

Printed Participant Name

Date

Phone

Email