



Release, Indemnity, and Assumption of Risk (includes travel)

Participant Name: _____

1. Activities

Document the activity or activities listed here:

2. Participant Emergency Contact Information

1 - If I require emergency medical treatment, please contact:

Name of Emergency Contact Person: _____

Phone: _____

If the Emergency Contact Person I have listed is not available, please contact:

Doctor: _____ Phone: _____

2 - Consent for medical treatment (Please initial your choice)

_____ I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering the treatment.

_____ I decline the provision of emergency medical treatment.

3. Consent of Participant

I am signing this Release so that I can participate in the activities described above. This Release, Indemnity and Assumption of Risk Statement, covers all events and occurrences associated with the activities listed above, including any associated travel, meals, and lodging. I understand that if I have any concerns about my health or ability to participate, it is my responsibility to discuss my concerns with my physician before deciding to participate.

I agree to assume the risk that unexpected events may occur and result in harm, injury, or illness to me or damage to my property while I am participating in, or observing, the activities or while I am traveling to or from the activities. I agree to indemnify the Yavapai Digital Arts & Photo Club, its Organizational Team, and members participating in this event, and not to sue Yavapai Digital Arts & Photo Club, its Organizational Team and members participating in this event, for any harm or damage associated with my participation, observation, or travel if the harm or damage is not due to the negligence or fault of the Yavapai Digital Arts & Photo Club. I understand that my participation in these activities is voluntary.

Signature of Participant: _____ Date: _____