



Event Participation Waiver and Release Agreement

Must be completed prior to event.

Event/Activity		Location		Date	Time
Participants First Name			Participants Last Name		
Street Address				Emergency Phone Number ()	
City	State	Zip Code	Email Address		

In exchange for permitting me to participate in the Washington State Parks and Recreation Commission ("State Parks") sponsored event/activity listed above, I hereby agree to the following terms and conditions.

ASSUMPTION OF RISK: I fully understand and appreciate the dangers, hazards, and risks inherent in participating in outdoor events/activities, which could result in serious physical injury up to death, property damage and other loss. I understand that participating in such event/activity will subject me to dangerous conditions, including but not limited to, sun exposure and hot weather conditions, inclement weather, rain, and that I may sustain injuries, including but not limited to, heat stroke, sunburn, minor cuts, dehydration, and hypothermia. I further understand there are foreseeable and unforeseeable risks inherent in participating in this event/activity, including but not limited to the conduct of other participants and third parties, and natural conditions such as the terrain and wildlife. I voluntarily assume any risks and hazards associated with this event/activity. Further, I assume responsibility for any medical care that I seek or require.

COVID-19, HEALTH AND SAFETY REQUIREMENTS: I agree to abide by applicable Health and Safety Policies and Procedures, and CDC guidelines.

CONDUCT: For my safety and the safety of others, I agree to follow any standards of conduct imposed by State Parks, as well as the instructions and directions of State Parks employees and agents at all times, including but not limited to any instructions or directions regarding safety procedures and use of personal protective equipment. I understand and agree that State Parks employees and agents may at any time terminate my participation in the event/activity should I engage in conduct that violates standards of conduct, disrupts the event/activity, or harms or injures the welfare of other participants and third parties. I further agree to immediately report all unsafe acts, dangerous conditions, injuries to the Washington State Parks employees and agents in charge.

WAIVER AND RELEASE: I agree to RELEASE, INDEMNIFY, DEFEND, AND HOLD HARMLESS State Parks and its employees and agents from any and all claims I or any other person might bring as a result of physical injury, including death, and/or property damage sustained arising from or relating to my participation in this event/activity, INCLUDING CLAIMS BASED ON NEGLIGENCE. I further agree to INDEMNIFY AND DEFEND State Parks and its employees and agents for any and all claims, including subrogation and/or derivative claims, brought by any third party or insurer, for injury or damage that I may cause related to participation in this event/activity. I have carefully read the foregoing Liability Release and warnings, understand their contents, and are aware that I am releasing certain rights that I may otherwise have. I agree this is a RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE. I freely and voluntarily enter into this agreement.

PHOTOGRAPH RELEASE: Permission is granted to photograph me/my child during the event and to use the image(s).

PARTICIPANT: I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS, AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS.

Signature	Print Name	Date
-----------	------------	------

PARENT/GUARDIAN (IF PARTICIPANT IS UNDER 18): I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS, AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS.

Signature	Print Name	Date
-----------	------------	------