

Event Attendee Liability Waiver

Thank you for attending the Mountain West Recreation Alliance event: _____.

Please read, complete, and sign the following form to participate in this event.

Attendee Information:

Name: _____

Address: _____

Phone: _____ **Email:** _____

Allergies or Medical Conditions (Optional): _____

Emergency Contact Information:

Name: _____

Address: _____

Phone: _____ **Relationship:** _____

ATTENDEE AGREEMENT

As an attendee, I release and hold harmless the Idaho Overland Association DBA Mountain West Recreation Alliance and their successors from any and all claims, costs, suits, actions, judgments or expenses upon any damage, loss or injury to me or to my property which may arise from this volunteer event. I acknowledge that I am fully aware of any and all risks posed by these volunteer activities and that I have no medical condition that prevents me from engaging in them. I also give permission to be photographed by project partners or the media for use in printed materials, through the internet or through other media outlets. In signing below, I acknowledge that I have read and understand this volunteer agreement.

Signature: _____ **Date:** _____

If the attendee is under the age of 18, a parent or legal guardian must sign.

Name: _____ **Relationship:** _____

Signature: _____ **Date:** _____