

GUEST RELEASE OF LIABILITY



LEADERS: Please mail or email all guest waivers to the CMC office, 710 10th St. Ste. 200 Golden, CO 80401

Guest Name		Home Phone	
Address		Email	
City	State	Zip	
Emergency Contact Name		Phone	
CMC Trip #	Destination	Leader	Date

By signing below, I acknowledge that all activities sponsored or conducted by The Colorado Mountain Club ("CMC"), a non-profit organization, may be hazardous and may result in loss, damage, or death.

With full knowledge of these dangers, and in consideration for my acceptance as a trip member, and the services and amenities to be provided by the CMC in connection therewith, I confirm that I have read the foregoing and voluntarily assume all risks of such damages occurring in connection with the outing. I hereby agree for myself all of my family and heirs to RELEASE the CMC and any of its volunteers, employees, agents, leaders, instructors, guides, officers, directors, or representatives from liability, claims, demands, or any causes of action. I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT AND THAT BY SIGNING IT I AM GIVING UP MY RIGHT TO SUE OR OTHERWISE MAKE ANY CLAIM against the CMC or any of its volunteers, employees, agents, leaders, instructors, guides, officers, directors, or representatives which may arise during my participation in any activities of the CMC.

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury, or death RESULTS FROM NEGLIGENCE of the CMC or any of its volunteers, employees, agents, leaders, instructors, guides, officers, directors, or representatives. I understand that negligence means failure to do an act which a reasonably careful person would do, or the doing of an act which a reasonably careful person would not do, under the same or similar circumstances to protect himself, herself, or others from injury or death.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in the activities of the CMC. Also, I understand that on CMC trips there may not be rescue or medical facilities or expertise which may be necessary to deal with potential injuries to which I may be exposed. I understand that these risks exist and notwithstanding them I wish to participate in CMC activities.

Photo Release: I hereby give full consent to the CMC staff to photograph me or publish any photographs or videos in which I appear, for educational or promotional use. I agree they may be used for public display and/or publication for nonprofit purposes.

Check if redeeming a Guest Pass

Printed Name (Please print legibly): _____

Signature: _____ Date: _____

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW: I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE on behalf of the named minor, and give my consent to the participation of the above named minor in all activities of the CMC on the terms stated.

Printed Name of Minor (Please print legibly): _____

Signature of Parent: _____ Date: _____

I HAVE READ THIS RELEASE AGREEMENT AND HAVE FULLY INFORMED MYSELF OF ITS CONTENTS BEFORE I HAVE SIGNED IT.