

CABIN
CHEMEKETAN MEMBERS AND GUESTS
Release from Liability and Assumption of Risk

Chemeketan Cabin Leader _____ Date _____

I am aware that Chemeketan activities like the one I am signing up for are potentially dangerous, that accidents can happen and that illness can occur in remote places. In consideration of participating in this Chemeketan activity, I do for myself, my heirs, legal representatives, and assigns (or, if applicable, as a parent or legal guardian of a minor), assume all risks associated with this activity and traveling to and from the activity, and release and discharge the Chemeketans, their officers and agents from all liability for any and all loss, damage or claim on account of property damage, death or bodily injury to me, my minor child or minors for whom I am legal guardian, caused by the act or failure to act of the Chemeketans, their officers and agents.

I agree to pay for my own medical and/or rescue expenses, whether or not authorized by me in the even of accident or illness.

I have read and understand the above and voluntarily affix my signature below.

Members and guests please fill out completely. Please Print.

1. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

2. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

3. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

4. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

5. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

6. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

7. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

8. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

9. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

10. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

11. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

12. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

13. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

14. Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Signature* _____

*Signature of parent or guardian if applicant is a minor under 18 yrs of age.