



Salt River Pima-Maricopa Indian Community's WellPath Family Event 2015

General Assumption of Risk & Release of Liability

Caution: *This is a release of legal rights. Read and understand it before signing.*

I _____, freely choose to participate in the WellPath Family Event (henceforth called "Program"). In consideration of my participation in this Program, I agree as follows:

Risks involved in Program: (specific dangers endemic in the Program's activity.)

Inherent in any exercise program or participation in recreational sport is the risk of injury through improper use of equipment or imprudent exercise beyond your capability. I realize that utilizing equipment I am unfamiliar with could result in serious injury including death. I acknowledge and accept responsibility for any injuries incurred. I will immediately report any unusual signs or symptoms to the nearest staff member.

Health and Safety: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program.

I recognize that the Salt River Pima-Maricopa Indian Community ("SRPMIC") is not obligated to attend to any of my medical or medication needs and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representatives of SRPMIC to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. SRPMIC may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the SRPMIC and me. I release the SRPMIC, its officers, officials, employees, volunteers, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decisions or recommendations made by an employee or agent of SRPMIC. I agree to pay all expenses relating thereto and release SRPMIC from any liability for any actions.

Assumption of risk and release of liability: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify and defend SRPMIC and their officials, officers, employees, agents, volunteers, sponsors from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

Signature: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the Salt River Pima-Maricopa Indian Community which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (if participant is a minor)

Date