

Copper Country Rock & Mineral Club

**PARTICIPANT WAIVER OF CLAIMS AND RELEASE FROM LIABILITY FORM**

Please read carefully before signing:

Consider that you are assuming both physical and legal risks which have potential financial implications for yourself and/or your family should you be injured or killed while participating in any CCRMC activity.

I, (print name) \_\_\_\_\_, agree to participate in various activities offered by the Copper Country Rock & Mineral Club (herein called "CCRMC") during Keweenaw Week© 2018, for educational and recreational purposes:

THEREFORE, IN CONSIDERATION OF THE ABOVE,

I hereby release the CCRMC, its officers, members, agents, and property owners, from all liabilities, claims, demands, actions and causes of action of any nature whatsoever arising from, or related to, any damage of any nature whatsoever, including but not limited to: damage, loss, theft or destruction of property; any injury, including death, that I may sustain while attending, participating in or travelling to and from said events or activities.

I further state and affirm that I am aware of the fact that the aforesaid events and travel, even under the safest conditions possible, may be hazardous, and that I am in proper physical condition and health to participate in such activities or events. I also state and affirm that I am aware that participating could, in some circumstances, result in physical injury and/or death.

I understand the risks associated with these activities and the need to follow the instructions and precautions given by the activity supervisors.

I am competent to sign this PARTICIPANT WAIVER OF CLAIMS AND RELEASE FROM LIABILITY FORM, and I understand all the provisions herein contained. I am aware and agree that this release shall be binding upon my heirs, estate trustees, successors and assigns.

Date Signed: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

For a participant who is not the age of legal majority, parent or guardian must sign below:

\_\_\_\_\_

Emergency Contact's Name and Telephone Number:

\_\_\_\_\_