

PLEASE PRINT NEATLY

Activity: _____ **Destination:** _____

Trip Date: _____ **Cost:** _____

Name: _____ **Age (optional; medical use only):** _____

Address: _____ **City,** _____ **Zip:** _____

Home Phone: (_____) _____ **Cell/Pager #:** _____

Emergency Contact Name & Information: _____

_____ (_____) _____

INFORMED CONSENT AND RELEASE: I, the undersigned, in consideration of my request and permission to participate in the _____, hereby assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the Cherokee Photography Club, its respective officers, other agents and representatives, past and present, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the CPC by reason of any accident, illness, injury to or death of any person(s), or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my executors and administrators and for all of my family members. I agree that to the best of my knowledge, I have no medical, physical, mental or emotional health condition, which would hinder or prevent my active participation in the activity referenced above.

PLEASE NOTE: No medical insurance or insurance coverage of any kind is provided by the CPC. The CPC strongly recommends that each participant have appropriate accident and medical insurance for his/her own protection.

LAWFUL ACTIVITY: I agree to conduct myself in a lawful manner at all times while on a Field Trip, obeying all local, state and federal regulations and laws.

PERMISSION FOR MEDICAL TREATMENT & TRANSPORT: I, the undersigned, hereby grant the CPC and agents thereof, permission to summon 911 in the event that I may require advanced first aid or medical treatment. I further grant permission to transport me to a center of advanced care. I grant

permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat me if such treatment is reasonably required if my family cannot be reached.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN AND/OR VOLUNTEERING AT THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them or because of their possible liability without fault.

THIS AGREEMENT CONSTITUTES AN EXPRESS CONTRACTUAL ASSUMPTION OF ALL RISKS, WAIVER AND RELEASE FROM ALL LIABILITY FOR ANY NEGLIGENCE AND INDEMNITY FOR ALL THIRD PARTY CLAIMS.

THE UNDERSIGNED FURTHER AGREES that this Agreement is intended to be as broad and inclusive as is permitted by the law of the state of Georgia and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED FURTHER CERTIFIES that he/she has no medical condition that would cause participation in activities to be potentially hazardous to his or her health.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from this Agreement have been made by CPC or anyone else with regard to the subject matter of this Agreement.

Prior to signing this Agreement, I have had the opportunity to ask any questions about this agreement. I am aware that, by signing this Agreement, I assume all risks and waive and release certain rights that I and my heirs, next of kin, family, relatives, guardians, executors, administrators, trustees and assigns may have against CPC. This Waiver shall be valid for participation in any field trips arranged by CPC.

Participant's signature

Date _____