



Wallowa Resources

P.O. Box 274
Enterprise, OR 97828
(541) 426-8053

Liability Release

I, _____, am participating in a Wallowa Resources field program. Wallowa Resources is a nonprofit organization, organized and existing under the laws of the United States of America and exists in the state of Oregon.

I understand that my activities may entail a risk of physical injury or death, and I may be exposed to hazards including, by way of illustration but not limitation; travel in private vehicles to and from the project site, weather, travel over bodies of water, unimproved topographic hazards such loose or falling rocks, wild animals, and hazards associated with strenuous manual labor. I understand and assume all such risks. Because the assertion of claims against Wallowa Resources for personal injury occurring during my service would be antithetical to my support of Wallowa Resources and its goals and would reduce the ability of Wallowa Resources to accomplish its charitable purpose, I am granting this release.

I agree to abide by all the rules and regulations of Wallowa Resources regarding safety and use of any and all equipment. I understand that no drugs or alcoholic beverages are to be consumed during project activities and that I will be asked to leave the premises if suspected to be under the influence of same.

On behalf of myself, my estate and personal representative thereof, my heirs and assigns, I hereby forever release Wallowa Resources, a nonprofit corporation, organized and existing under the laws of the United States of America, its officers, director, employees and agents, from any and all costs, claims, losses, liabilities or damages arising from or in any way related to, my service as a participant in a Wallowa Resources field program. I intend this release to be effective, regardless whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of tort recovery. For myself, my estate and personal representative thereof, my heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action or proceedings against Wallowa Resources, its officers, directors, employees and agents, relating to my accident, incident or occurrence arising out of or in connection with my educational activities.

Signing this release entitles Wallowa Resources to publish any photographs taken of me while part of the course.

IN WITNESS WHEREOF, I have executed this release as of _____, 20 ____.

Signature

Signature of Parent/Guardian (if participant is under 18 years old)

Emergency Contact Name and Phone Number