

US Forest Service Visitor's Acknowledgement of Risk

I recognize that there is an element of risk in any adventure, sport, or activity associated with the outdoors. I am fully cognizant of the risks and dangers inherent in overnight running relays and have been informed of known special hazards in the 2016 Grand Teton Relay. A copy of a notice of such hazards is attached hereto and made a part hereof, and I, and the adult members of my family, have read the same. I certify that my family and I, including minor children, are fully capable of participating in the said activity.

Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activity except to the extent such damage or injury may be due to the negligence of Grand Teton Relay, LLC. I further understand that Grand Teton Relay, LLC reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the 2016 Grand Teton Relay.

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation of the said activity.

Notice of Hazards

Significant risks in running and participating in the Grand Teton Relay, and other inherent risks of activities of this nature, known or presently unknown, that are too numerous to list completely, but which could include falls, contact with other participants or spectators, vehicles, the effects of the weather, including high heat and/or humidity, low temperatures, lightning, aggressive wildlife, traffic and conditions of the road, and other matters, which could result in property damage, and/or serious bodily injury or medical conditions.

(Signature of Participant or of Guardian of any minor)

Team Name

Date of Birth

Participant Name

Gender

Name of Parent, if Participant is a minor

Your Phone Number

Address

Emergency Contact Phone Number

City/State/Zip

Email