OLÉ! PARTICIPANT
RELEASE AND ASSUMPTION OF RISK

I desire to participate in the following OLÉ! trip, hike, course, or Shared Interest Group:

______________________________________________________________________________

(Description, including date(s) if a trip or hike)

I understand and acknowledge that this participation has inherent risks of injury or death, which may include but are not limited to: traffic accidents; slipping, tripping, and falling; encountering dangerous animals; encountering hazardous weather conditions; pulling, straining, or otherwise injuring muscles or joints; striking or being struck or otherwise injured by equipment or implements; encountering hazardous materials; encountering hazardous terrain; and being in locations that are remote from medical assistance.

In consideration of being afforded the opportunity to participate in the OLÉ! trip, hike, course, or Shared Interest Group (collectively referred to below as “Activity”), I voluntarily agree to assume all risks associated with my participation in the Activity. Furthermore, I voluntarily release OLÉ! and its directors, officers, volunteers, instructors, presenters, agents, employees, and contractors from any liability for any injury, death, or property damage arising from my participation in the Activity, to the maximum extent permitted by law.

I have informed myself of the physical demands that will be involved in my participating in the Activity, and I am healthy and fit enough to participate safely.

I have carefully read this Release and Assumption of Risk, I fully understand its contents, and I execute this Release and Assumption of Risk as my informed and voluntary act.

Participant’s signature: ____________________________________________________________

Participant’s printed name: ________________________________________________________

Today’s date: ____________________ Participant’s cell phone #: _________________________

Emergency contact: ________________________________________________________________

Name ______________________________________ Phone number(s) ____________________