

**Confederated Tribes of Warm Springs, Pine Creek Conservation Area**  
**VOLUNTEER RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

PRINT

NAME

I, \_\_\_\_\_, choose to volunteer my time and services conducted for, or in association with, the Confederated Tribes of Warm Springs ("Tribes") and/or other authorized affiliated organizations. I understand that these work activities may occur on Conservation Areas and/or other tribal, public and private properties or lands.

I understand there are inherent risks and other hazards of physical injury or death to myself and others related to my activities with or for the Tribes, including risks associated with transportation to, from or on the Conservation Areas or other tribal, public or private lands. I hereby freely and voluntarily accept for myself alone and/or the minors listed below, all risks of injury or death.

As a condition of my participation with or for the Tribes or associated/affiliated organizations, I hereby agree to **WAIVE** and **RELEASE FROM LIABILITY**, and agree to **DEFEND, INDEMNIFY** and **HOLD HARMLESS**, The Confederated Tribes of Warm Springs, its officers, directors, employees, volunteers and agents from:

1. Any and all claims for physical injury or death to myself, or to minors that I am signing for;
2. Any and all claims for injury or death to any other person that arise out of or relate to my activities (or minors that I am signing for) with or for the Tribes or affiliated organizations;
3. Any and all claims, losses, costs, liabilities or damages related in any way to my activities (or those of minors I am signing for) with or for the Tribes or affiliated organizations.

I expressly agree not to sue or bring any action against the Tribes or any parties named above for any such damages, losses or injuries. I intend this Agreement to be binding on myself, my estate, my heirs and assigns.

I agree to abide by all rules and regulations of the Conservation Areas, and all Tribal, State and Federal laws. I understand that no drugs or alcohol possession or consumption is permitted at any time, and I agree to immediately leave the Conservation Area or other lands if suspected to be under the influence of same.

I understand this Release and Indemnity Agreement includes any and all claims, whether due to negligence or any other legal theory, except claims based on willful or intentional misconduct.

If any part of this Agreement is determined to be unenforceable, I intend that all other terms shall be enforced.

I have **CAREFULLY READ, UNDERSTAND** and **FREELY AGREE** to the terms of this Release of Liability and Indemnity Agreement.

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Signature

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Date

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Street Address

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City

State

Zip Code

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Phone Number

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Emergency Contact Name

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Emergency Contact's Phone

**IF SIGNING FOR A MINOR**

If I am signing on behalf of a minor(s), I accept full responsibility for all medical and transportation expenses incurred as a result of injury or illness arising from or related to the minor(s) activities with or for the Tribes. I further agree to **RELEASE FROM LIABILITY, DEFEND, INDEMNIFY** and **HOLD HARMLESS** the Tribes and the parties named above for any damages, injuries or deaths sustained by the minor(s), or for which the minor(s) may be liable to other persons, arising out of their activities with or for the Tribes, including any transportation-related claims.

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Minor(s) That I am Signing For: (Please Print)

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Minor(s) That I am Signing For: (Please Print)

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Minor(s) That I am Signing For: (Please Print)

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Minor(s) That I am Signing For: (Please Print)