

**CATS ( Colorado Addicted Trailbuilders Society )**  
**YEARLY RELEASE FORM 2020**

**Trail Waiver and Release of Liability; Indemnification and Hold Harmless Agreement**

*Please read carefully before signing.*

In return for receiving permission from **Colorado Addicted Trailbuilders Society (CATS)**, a non-profit association to participate as a volunteer during the one year, effective from the date signed, I agree to assume all risks of loss and injury that may arise out of my participation in various projects with **CATS** and I agree to waive any and all claims against **CATS** and the other parties described below.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activities or events, scheduled for the year and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation **CATS** events.

I hereby release, and agree to indemnify and hold harmless **CATS**, project participants, and anyone else involved with these projects and their respective agents, representatives, officers, employees, directors, shareholders, affiliates, successors, assigns and insurers, hereinafter referred to collectively as "the Released Parties", from any and all liability, claims, demands or actions or causes of action whatsoever, arising out of damages, costs, expenses, loss or injury to my person or property, whether anticipated or unanticipated, while participating in any of the activities contemplated by this agreement, whether such damage, loss, or injury results from the negligence of the Released Parties or from some other cause. This release and agreement shall be binding upon me, my heirs, successors, assigns, administrators and executors.

I realize that working on projects with **CATS** may involve risks and hazards, which may include, but are not limited to (1) the use of tools and other construction related equipment, (2) working around other participants who may not be accustomed to this type of labor or the tools and equipment associated with it, (3) working in mountainous, back country, or other terrain that may be uneven, rocky and otherwise hazardous, (4) other risks and hazards that may be described in the project orientation (5) understand and acknowledges that the Sponsor (**CATS**) does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agrees to assume responsibility for such insurance coverage on the undersigned. I am aware of these and other risks and hazards inherent in participating in these projects and hereby assume sole responsibility for all such risks and hazards.

I grant **CATS** and other project sponsors permission to utilize my image in photographic recordings of the project, and I waive any right to claim compensation in exchange for participating in the project.

I agree to abide by the rules and regulations of (**CATS**) and the agencies partnering with **CATS** while participating in projects during the said year.

**I have been given a safety talk and tool talk by a certified CATS leader prior to my involvement with CATS. I understand this brief/talk is mandatory regardless of my experience/status and I will endeavor to comply with the instructional dissertation.**

***Participant has read this agreement, fully understands its terms, understands that participant is giving up substantial rights by signing it and has signed it freely and without inducement or assurance of any nature and intends it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be void, voidable, invalid or inoperative, the balance, notwithstanding, shall continue in full force and effect as though such void, voidable, invalid or inoperative provision had not been contained herein.***

Date: \_\_\_\_\_ (Participant - Print) \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

(Age) \_\_\_\_\_ (optional for all those over 18 years)

(Email) \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

(Home Telephone Number) \_\_\_\_\_

(Cell Telephone Number) \_\_\_\_\_

(Work Telephone Number) \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature (REQUIRED if Participant is under the age of 18):

\_\_\_\_\_ Date: \_\_\_\_\_