## **GUEST** RELEASE OF LIABILITY



LE 101

Guest Name			Home Phone	
Address			Email	
City		State	Zip	
Emergency Contact Name			Phone	
CMC Trip #	Destination	Leader	Date	
Club ("CMC"), a With full knowle services and ar	w, I acknowledge that all activities spons non-profit organization, may be hazard edge of these dangers, and in consideration in the control of the control	lous and may tion for my a onnection the	result in loss, damage, or de eceptance as a trip member, a erewith, I confirm that I have r	eath. and the read the
hereby agree for employees, age claims, demand THAT BY SIGN against the CM	roluntarily assume all risks of such dama or myself all of my family and heirs to RE ents, leaders, instructors, guides, officers is, or any causes of action. I UNDERST IING IT I AM GIVING UP MY RIGHT TO C or any of its volunteers, employees, a presentatives which may arise during my	ELEASE the s, directors, of TAND THAT DISUE OR Ogents, leader	CMC and any of its volunteer or representatives from liability THIS IS A LEGAL DOCUMEN THERWISE MAKE ANY CLA rs, instructors, guides, officers	s, y, NT AND IM s,
RESULTS FRC nstructors, guid do an act which	LEASE OF LIABILITY to be effective whom NEGLIGENCE of the CMC or any of des, officers, directors, or representative a reasonably careful person would do, ot do, under the same or similar circums	its volunteer s. I understa or the doing	s, employees, agents, leaders and that negligence means fait of an act which a reasonably	s, lure to careful
safety and well- here may not b	olely responsible for my own safety and the being while participating in the activities or expertised in I may be exposed. I understand that the MC activities.	of the CMC. se which may	Also, I understand that on C be necessary to deal with po	MC trips otential
or videos in whi	I hereby give full consent to the CMC sich I appear, for educational or promotio bublication for nonprofit purposes.			
Check if re	edeeming a Guest Pass			
Printed Name (	Please print legibly):		·····	
,				
			_ Date:	
Signature: IF UNDER 18 \ legal guardian of the RELEASE (	YEARS OF AGE, PARENT OR GUARD of the above minor and have read the all on behalf of the named minor, and give a all activities of the CMC on the terms s	IAN MUST R pove RELEA my consent t	EAD AND SIGN BELOW: I a	erms of
Signature: IF UNDER 18 \( \) legal guardian ( the RELEASE ( hamed minor in	YEARS OF AGE, PARENT OR GUARD of the above minor and have read the all on behalf of the named minor, and give	IAN MUST R pove RELEA my consent t tated.	EAD AND SIGN BELOW: I a SE. I hereby consent to the to the participation of the above	erms of

I HAVE READ THIS RELEASE AGREEMENT AND HAVE FULLY INFORMED MYSELF OF ITS CONTENTS BEFORE I HAVE SIGNED IT.