Georgia Orienteering Club Annual Waiver of Liability

Turn in at any GAOC event or mail to:
GAOC C/O Shannonhouse
4738 City View Dr.
Forest Park GA 30297

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement
(Fill out separate form for each person)

In consideration of being permitted to participate in any way in Georgia Orienteering Club events, I and/or my minor child, our personal representatives, assigns, heirs, and next of kin:

1. I acknowledge that I understand that there are risks associated with orienteering activities and that I am in good health and if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity. The risks may cause minor injuries, serious injuries or in extreme circumstances even death.
2. I understand that the risks associated with orienteering may be caused by me through my own actions, or inaction, or the actions or inaction of others participating in the activity and that there may be other risks either not known to me or not readily foreseeable. I fully accept all such risks and responsibility for losses, costs and damages, I incur as a result of my participation in the Activity.
3. I hereby accept and assume all such risks, and assume all responsibility for the losses, costs and/or damages following such injury, or death, even if caused in whole or in part, by the negligence of any and all of those involved with the running of the event(s) and hold them harmless.
4. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely without the inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.
5. I agree to the terms of this waiver for the duration of my annual club membership and if at any time I feel that participation is too dangerous, I will stop participating in these events.

ADULT PARTICIPANT

_____/_____/_____

Signature of Adult Participant Print Name Date

Adult Participant's Birth Date _____ Male/Female ____ School/Club _____

MINOR (UNDER 18) PARTICIPANT

_____ _____ _____

Print Name of minor (under 18) **Birth Date** **Gender M/F**

School/Club _____

_____/_____

Signature of Parent/Legal Guardian of Minor Child Date

_____

Print Name of Parent/Legal Guardian signing this application

CONTACT INFORMATION

Street _____

City/St/Zip _____

Phone/s _____

Email/s _____

2/6/2014