



Kokopelli Adventures, Inc.,
1001 E. Highway 66, Gallup, NM 87301
(505) 863-9941/(505)870-0727 kokopelliadventure@yahoo.com

THIS IS A RELEASE OF LIABILITY AND PERMISSION TO PARTICIPATE – PLEASE READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY OUTDOOR RECREATION ACTIVITIES SPONSORED BY KOKOPELLI ADVENTURES, INC.

PARTICIPANT’S NAME _____ DATE OF BIRTH _____

In consideration of being permitted to participate in any way in outdoor recreation activities under the auspices of Kokopelli Adventures, Inc, I acknowledge, appreciate, and agree that:

1. The risk of injury from outdoor recreation activity is inherently dangerous, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,
3. I understand that outdoor recreation activities are physically and mentally intense.
4. I, or myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY Kokopelli Adventures, Inc., the owners and lessors of premises used to conduct outdoor recreation activities, their officers, agents and/or employees (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.
5. I understand and agree that this Release of Liability Agreement covers each and every outdoor recreation activity in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____ Phone: _____

PARTICIPANT’S SIGNATURE

ADDRESS CITY, STATE ZIP CODE

FOR PARENTS OR GUARDAINS OF MINOR AGE PARTICIPANTS’S(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Kokopelli Adventures, Inc. and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X _____

PARENT/GUARDIAN’S SIGNATURE

EMERGENCY PHONE # (s)

Date Signed