

EVERGREEN NEWCOMERS CLUB dba: Evergreen Newcomers and Neighbors (ENN) WAIVER & INDEMNIFICATION AGREEMENT

The undersigned hereby agrees that they are participating in ENN activities at their own risk and hold harmless the Evergreen Newcomers Club (dba: Evergreen Newcomers and Neighbors, ENN), its successors, insurers and/or assigns, and those acting on its behalf or under its authority, including officers, group leaders, coordinators, volunteers, members, and participants from any and all liability or responsibility for damages and loss to property or person.

I understand that some ENN activities may involve a certain amount of inherent risk. I knowingly accept said risks, and I hereby waive any right to litigation or medical reimbursement in connection with my participation in any and all ENN activities. This includes any claims, demands, liability and expense, including attorneys' fees, arising from or in any way related to participation in ENN activities. This release shall be applicable to any distortion of any personal rights.

I have read the above Release and Agreement, before affixing my signature below, and warrant that I fully understand the contents thereof and recognize this contract as legally binding. A signed waiver for each household member is a condition of ENN membership. This form does <u>not</u> expire.

*****Sign, Witness and Date this document****

Signature Printed Name				
Witness		Date		
(may be witnessed by any add	ult)			
Please list your emergency co someone who is not participa (not shared with ENN) to prov sample form on website.	ting. Please co	onsider carrying a	personal medical in	nformation form with you
#1Emergency Contact (Printed)	Relationship	Home Phone	Cell Phone	Work Phone
#2Emergency Contact (Printed)	Relationship	Home Phone	Cell Phone	Work Phone

Completed waivers should be sent to

Evergreen Newcomers & Neighbors PO box 2197, Evergreen CO 80437