

UCROSS

WAIVER AND RELEASE

A LEGAL DOCUMENT GIVING RISE TO SERIOUS LEGAL CONSEQUENCES.
READ CAREFULLY BEFORE SIGNING.

I acknowledge that my activities on the lands (“LANDS”) owned, leased, or otherwise under the stewardship of Apache Foundation or any of its affiliated companies (collectively “Company”), may be dangerous, that hazardous activities are conducted on the Lands, and that my access to the Lands carries with it the risk of personal injury and property damage.

In and for the consideration of access to the Lands by Company, including access for activities sponsored by the Ucross Foundation, I hereby, on behalf of myself and all of my guests, heirs, agents, executors, administrators, successors, and assigns, (a) **RELEASE, ACQUIT, AND FOREVER DISCHARGE** Company, its parents, subsidiaries, and affiliates, together with its and their respective officers, directors, employees, representatives, and agents, from any and all claims or liabilities for death, personal injury, or property damage of any kind arising out of or relating to my participation in, or my traveling to and from the Lands; (b) agree **NOT TO SUE** any of the persons or entities mentioned above for any of the claims or liabilities that I have released, acquitted, or discharged herein; and (c) **INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

_____ **I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER. I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS, INTENDING TO BE LEGALLY BOUND THEREBY.**

Printed Name: _____ Signature: _____ Date: _____

_____ **I AM UNDER THE AGE OF EIGHTEEN (18) YEARS. MY PARENT/GUARDIAN HAS READ AND COMPLETED THE THE SECTION BELOW.**

The undersigned, _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor’s name) hereby executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to **INDEMNIFY AND HOLD HARMLESS** the persons and entities mentioned above for any claims and liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor named herein in the execution of this Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of access to the Lands. I further authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia a deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatments, and I assume any such risk for and on behalf of myself and said minor.

Parent/Guardian Signature: _____

Printed Name: _____

Relationship to Minor: _____

Date: _____



RESIDENCY PROGRAM LIABILITY RELEASE

I have read the *Guidelines for Residents*. In consideration of my room and board at the Ucross Foundation, I agree to assume all risk associated with participating in the Residency Program, and hereby waive and release for myself and my heirs, executors, and administrators:

- a) The Ucross Foundation and its officers, directors, employees, lessees, representatives, and affiliates, and
- b) Michael Latham and family, heirs, personal representatives and executors, from any and all claims or liability for any injury, loss or damage whatsoever arising out of my stay at the Ucross Foundation Residency Program.

Please print name

Signature

Date