OZARK HIGHLANDS TRAIL ASSOCIATION
Of Washington County, Inc.
P.O. Box 4065
Fayetteville, AR 72702-4605

Liability Waiver

Title of Event: _____ Date of event: _____

Sponsor: _____ Leader: _____ Assistants: _____

For the good and valuable consideration of simply participating in this hike or other outing or event named above, I hereby agree to assume all hazards, risks or liabilities, known or unknown to me, for my personal injury, losses or damages of any kind or degree, my death or well being during the course of this event which may include travel to, from and during this event, regardless of fault, forever saving harmless my fellow participants, the leaders, sponsoring organizations and their leaders and members as well as the heirs, successors and assigns of all of the aforementioned parties and associates thereof. I further agree I am solely and completely responsible for my own safety, and for said consideration, I hereby forego any right to sue in regard to any matters of this agreement as attested by my signature hereto.

I certify, as attested by my signature hereto, that I am in good health and physical condition sufficiently to safely participate in this event, and that I am sufficiently skilled and qualified by training or experience to realize, know and understand the hazards associated with such participation, and that I have read and understand all of the preceding.

(To be allowed to participate, parents or guardians of minors must provide written permission or accompany the minor, and accept all of the terms and conditions above on behalf of their charge.)

Printed Name	Signature	Complete Address	E-mail address (Optional)