

**JEFFERSON COUNTY RETIRED TEACHERS' ASSOCIATION**  
**RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

I, \_\_\_\_\_, desire to participate in the following activity/trip, (the activity), \_\_\_\_\_ which is scheduled to be held on or about \_\_\_\_\_.

I understand and appreciate that there may be damages, hazards and risks inherent in, associated with or arising out of the activity, the transportation to and from the activity, acts by third parties unrelated to the activity, activities not scheduled by the JEFFERSON COUNTY RETIRED TEACHERS' ASSOCIATION, (JCRTA) that are in addition to and not related to the activity, (collectively referred to as the risks). I recognize that these risks could result in injury, illness, property loss or even death.

In exchange for the right to participate in the activity, I hereby assume all responsibility and liability for these risks whether known or unknown, direct or indirect. On behalf of myself, my family, my successors and assigns, I hereby release, waive, discharge and hold harmless JCRTA, its governing board, officers, volunteers, agents and employees from and against any and all claims, demands, liabilities, controversies or causes of action, damages, costs and/or expenses of any kind or nature whatsoever, that may hereafter accrue relating to or arising out of the activity, my participation in the activity and/or the risks.

THIS RELEASE AND WAIVER IS NOT INTENDED TO RELEASE ANY CLAIM WHICH I MAY HAVE FOR INJURIES OR DAMAGES RECEIVED/INCURRED AGAINST ANY THIRD PARTY, PERSON OR ENTITY WHO CAUSES ME INJURY OR DAMAGES AND WHO IS NOT PART OF THE GOVERNING BODY OF THE JCRTA, A MEMBER OF ITS GOVERNING BOARD, A MEMBER OF SAID ORGANIZATION OR A VOLUNTEER ASSISTING TO CARRY OUT THE ACTIVITY.

In the event that I become seriously ill or injured during the activity, I hereby authorize JCRTA to obtain medical treatment for me and agree to hold said organization, its governing board, officers, members and volunteers harmless from any claims, causes of action, damages and/or liabilities arising out of or resulting from said medical treatment.

I acknowledge that I personally, through my medical insurance coverage, or through a non JCRTA third party payee will be solely and fully responsible for any medical treatment I require arising out of or resulting from the activity.

My signature on this agreement is made voluntarily and of my own free will. I am over 18 years of age. I have fully read and understand the terms of this agreement.

\_\_\_\_\_  
PARTICIPANT

DATE \_\_\_\_\_