

Indemnification. I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify Pahrump Valley Rock Hounds, their officers, agents, members, other participants, successors and assigns and all other persons or entities acting in any capacity on its behalf, from any and all liability, claims, demands, actions, or rights of action, whether known or unknown, foreseen or unforeseen, relating to or arising out of my presence or activities while on a Field Trip.

Lawful Activity. I agree to conduct myself in a lawful manner at all times while on a Field Trip, obeying all local, state and federal regulations and laws.

Successors Bound. This Agreement and all representations made herein shall apply to and bind myself, my heirs, assigns and representatives.

Severability. It is my intention that this Agreement be as broad and inclusive as permitted by law. In the event that any portion of this Agreement is determined to be invalid, such invalid portion shall be severed and the remaining provisions of the Agreement shall remain in full force and effect.

Governing Law/Jurisdiction. This Agreement shall be construed in accordance with the laws of the State of Nevada, and I agree to submit to the jurisdiction of the courts of the State of Nevada.

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.

This Waiver shall be valid for participation in any field trips, meetings or other activities arranged by Pahrump Valley Rock Hounds.

Participant's signature: _____ **Date:** _____

(If under 18 years old, must be signed by child's parent or legal guardian. Indicate AGE of CHILD Children must be closely supervised by their parent or legal guardian at all times while on a Field Trip.)

PLEASE PRINT !!

PLEASE PRINT !!!

PLEASE PRINT !!!!

Name: _____ **Birthday Month** _____

Email _____ **(No Email)** _____ **Phone#** _____

Address: _____ **MOBILE#** _____

City: _____ **State:** _____ **Zip Code:** _____

Emergency Contact Information: (optional)

Emergency Contact's name: _____

Emergency Contact's telephone: _____ **Relationship:** _____ **Page 2 of 2**

Rock2016NewMember