

Sawyer Release of Liability and Media Release

Please read and sign below: In signing this waiver, I understand that I voluntarily participate in Central Oregon Trail Alliance (COTA) activities at my own risk. I (hereinafter including myself, my heirs, executors and administrators) waive any and all claims against COTA (hereinafter including the corporation, its staff, board of directors, members and volunteers) arising out of my participation in such event. I understand that accidents occasionally occur during trail work or bicycling events and that, as a participant in any such events, I might sustain property damage, personal injury and/or death. Trail work events may be dangerous and no representation is made that any COTA event is in any way certified as safe. I freely accept and fully assume such risks and hold harmless the COTA and indemnify COTA for all costs, judgments and awards that may be claimed including the cost to defend such claims brought by myself or another on my behalf or that of others. I further recognize that my safety is my personal responsibility and that I am under no obligation to participate if I feel it is unsafe to do so. The undersigned give their permission to be photographed and have their image used by COTA in electronic and print publications. I further agree that by signing this form I Opt-In to receiving txt msgs from COTA (541)-526-3455 related to my work as a Sawyer. Opt-In is a requirement for work as a Sawyer.

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER THE AGE OF 18: I certify that I am the parent or guardian with legal responsibility for the participant. I consent and agree to this release of liability on behalf of the participant.

Date:	Crew Leader Name: Work:		Crew Leader Signature:	
Trail:				
	X # of People:			
Printed Name:	Sig	nature:	Email:	Phone Number:
1				
6				
7				
8.				

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