CAP LEADERSHIP TRAINING - PARTICIPANT AGREEMENT

Participant Full Name __________________________ Training Date ___________________

I understand that participation in the Camping at the Presidio (CAP) Leadership Training may present possible risks and hazards, including, but not limited to hiking on and off trails, unforeseen natural causes, or conditions, loss, destruction or theft of personal belongings, exposure to sun and inclement weather, exposure to illness or injury from plants or animals, travel in vehicles driven by others, and use of flammable material for cooking and camp fires. I certify that I am in good health and am safely able to participate in this training program and am a fit and appropriate candidate to serve as a leader of outdoor programs.

I agree that audio or video recordings, written accounts and photographs of the training program may be made for the purpose of documentation and promotion, and I hereby waive any objection I may have to or rights I may have in any such materials or their content. Such materials shall be owned by and may be used in any manner by the Crissy Field Center and its assignees without acknowledgement or payment to me.

I hereby accept all risks of participation in the CAP program, and any resulting injury, property damage or other liability or loss I may suffer or cause, whether past, present, or future, whether known or unknown, and whether anticipated or unanticipated by me, due to any reason whatsoever (including but not limited to all acts or omissions in the voluntary rendering in good faith of emergency medical assistance) arising out of my participation in, or receipt or subsequent use of from, the CAP program.

To the fullest extent allowed by law, I hereby WAIVE, AND DISCHARGE ANY CLAIMS, AND AGREE TO RELEASE FROM LIABILITY, AND INDEMNIFY AND HOLD HARMLESS the Crissy Field Center, Golden Gate National Parks Conservancy, Presidio Trust, National Park Service, Bay Area Wilderness Training and Earth Island Institute, and their respective officers, directors, employees, agents and leaders from any and all liability on account of, or in any way resulting from personal injury, property damage, or wrongful death, even if caused by their own negligence or the acts of any third party. I take sole responsibility (subject only to such indemnity as any organization I represent may provide to me), for the welfare and well-being of all those participating in any activity in which I serve as a leader after my training through the CAP program, whether or not such activity is coordinated through or affiliated with the CAP program.

I understand that this agreement is binding on me, my spouse or partner, and my heirs, personal representatives, and assigns. If for any reason any provision of this Agreement shall be determined to be invalid or inoperative, the validity and effect of the other provisions hereof shall not be affected thereby, and the invalid portion of any provision shall be redacted to such degree as is necessary to render the remaining portions of such provision enforceable. This Agreement is entered into, and will be governed by, the laws of the state of California.

I have read this document in its entirety and I freely and voluntarily assume all risks of such injuries and damages and notwithstanding such risks, I agree to participate in CAP Leadership Training.

Print Name__________________________________________________________________
| Signature ____________________________ Date __________________