

Ozark Society Highlands Chapter (OSHC) Liability Release Participant List

EVENT _____

DATE _____

HIKE LEADER _____

Release from Liability: By putting my signature in the designated space below I acknowledge that I understand the nature of this event and represent that I am qualified, in good health, and proper physical condition to participate in the activity. I understand the risks to my person and property associated with the event and that I will be responsible for my own safety. I agree to release from liability and not to sue the Ozark Society, including any of its chapters, or its officers, directors, event leaders, coordinators, and instructors for any injury, damage, death, or other loss in any way connected with this event.

Printed Name	Signature		Printed Name	Signature
1			16	
2			17	
3			18	
4			19	
5			20	
6			21	
7			22	
8			23	
9			24	
10			25	
11			26	
12			27	
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14			29	
15			30	