

Parent/Guardian Activity Liability Waiver Form

	IN CONSIDERATION of being allowed by the Confederated Tribes and Bands of the Yakama Nation (the "Yakama Nation") Wildlife, Range & Vegetation Resources Management Program (the "Activity Provider") to participate in the Activity and other good and valuable consideration, the receipt of which is hereby acknowledged, I the parent/guardian of (the "Student") agree to the following:		
1.	Details of Activity. The Student will be participating in the following activity: a field trip (the "Activity") to the Confederated Tribes and Bands of the Yakama Nation's Bison Ranch Aviary (the "Facility").		
2.	Liabilit	y Waiver.	
	a.	I understand that although the (name of school/organization) and the Activity Provider will be supervising the students during their participation in the Activity, I personally assume the risk in my Student's participation in the Activity.	
	b.	The Activity Provider strives to ensure the safety of all visitors; however, I acknowledge that it is my Student's personal responsibility to inspect the Facility and the roads and trails within and around the Facility and to exercise good judgment during their participation in the Activity.	
	c.	I acknowledge that my Student's participation in the Activity is a privilege, and not a right.	
	d.	I acknowledge that I have spoken with my Student about their need to comply with the specified rules and requirements established for this Activity.	
	e.	I acknowledge further that there is inherent risk with my Student's participation in this Activity, including but not limited to death, personal injury, sickness, property damage, or other claims resulting in physical or economic loss. Such injuries or outcomes may arise from my Student's actions, inactions, or negligence; another person's actions, inactions, or negligence; environmental factors; and/or the condition of the Facility, including improvements constructed by the Activity Provider. Accordingly, I agree to forever indemnify, defend, hold harmless, and release the Yakama Nation and the Activity Provider, their employees, officers, agents, and registered volunteers from any and all liability and claims including accident, injury or loss, arising out of or incidental to my Student's participation in the Activity.	
3.	Fitness to Participate. I acknowledge that my Student is fit to participate in the Activity.		
4.	Governing Law. This Form, and any activities occurring hereunder, will be governed and construed in accordance with the laws of the Yakama Nation, and subject to the personal and subject matter jurisdiction of the Yakama Nation Tribal Court or Federal Court.		
5.	Emerg	ency Contact.	
	Name:	Phone Number:	
	above	GNATURE. I confirm that I have read and understand and knowingly and voluntarily accept all of the statements recited bove and accept full responsibility as described.	
	Studer	nt Name:	
	Parent	/Guardian Signature: Date: Date:	