

"Group" Liability Release



PO Box 98, Easton, WA 98925 509-656-2304

I (we) recognize that there are risks involved in participating in any activity or even in the use of the Double K facilities and hereby, _____

NAME OF GROUP

at Double K Retreat & Adventure Center (here in known as Double K) on _____

DATE

I (we) recognize that there are risks involved in participating in any activity in the use of this facility and hereby assume all risk of injury, harm, damage, or death connected with our participation in any activities connected with Double K. I understand and agree that neither Double K nor its trustees, officers, Director(s), employees, agents or representatives may be held liable in any way for any injury, harm, damage or death that may occur to anyone in our group. Since leadership of _____ is taking full responsibility for the care, direction and leadership for our people while on the grounds/ or in facilities at Double K. We therefore release Double K Retreat & Adventure Center, its trustees, officers, Director(s), employees, agents or representatives from any injury. To the fullest extent permitted by law, we agree to save and hold harmless Double K and listed agents above from any claim by our group, their estates, heirs, successors, assigns or other persons arising out of participation with Double K.

I authorize Double K through its representatives to render or obtain such emergency medical care or treatment for us as may be necessary should any injury, harm or accident occur to any one in our group (that I the undersigned is representing) while at Double K.

I understand and acknowledge that Double K does not provide health or medical insurance in connection with this activity and we, the participating group, will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and /or transportation to a medical facility, in connection with our participation in this activity. I herein give Double K permission to use photos of anyone in my group for promotion or marketing.

The parties herein hereby acknowledge, understanding and agree to the foregoing term conditions and executed this Liability Release.

Signature of Group Representative _____

Printed Name _____ Date _____

Position with Group _____