

**WESTSIDE PARTICIPANT RELEASE AND PERMISSION TO USE FORM**

PARTICIPANT'S NAME (PRINT CLEARLY): \_\_\_\_\_

PARTICIPANT'S TELEPHONE NUMBER: \_\_\_\_\_

PARTICIPANT'S EMAIL ADDRESS: \_\_\_\_\_

**BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS.  
READ CAREFULLY BEFORE SIGNING**

For and in consideration of the Tuolumne Band of Me-Wuk Indians (Tribe), and the Tuolumne Economic Development Authority, Inc. (TEDA, Inc.) permitting me to participate voluntarily in \_\_\_\_\_ (activity) at property commonly referred to as Westside.

I understand and accept that there are risks involved in participating in any activity. I am aware of those risks, and I am voluntarily participating in this activity with knowledge of the risks involved. I agree to accept any and all such risks of injury, death and/or property damage. I agree to the terms of this waiver covenant not to sue and indemnity agreement as set forth herein. In case of injury or illness, I give my consent to emergency transportation and the administration of first aid, medical and/or dental treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses and any related subsequent medical and/or dental bills.

I waive, release, absolve, indemnify, and agree to hold harmless the Tribe, TEDA, Inc. members, directors, volunteers, officers, agents, employees, and assigns against any and all cases of action, claims, demands, losses, and expenses included those due to negligence.

I also agree to be legally and financially responsible or any property damage or personal injuries that I may cause by intentional or negligent acts while participating in the activity.

I have read and executed this document will full knowledge of its legal significance.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

This person has permission to utilize Westside for the activities outlines above. This permission is valid from \_\_\_\_\_ to \_\_\_\_\_. A copy of this waiver and permission slip must be kept on the person at all times.

\_\_\_\_\_  
Signature of TEDA, Inc. or Tribal Chairperson

\_\_\_\_\_  
Date