



**Air Force Security Forces Association (AFSFA)
Travis Bay Area Chapter (TBAC)**

Mailing Address: 124 Donner Drive
Vacaville, CA 95687

AFSFA Taxpayer ID: 74-2483715
Non-Profit Corporation 501(c)(19) Veterans' Organization

RELEASE OF LIABILITY FORM

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE
AND ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**

Activity: AFSFA-TBAC Family Day
Date: 11 June 2022 – 12 June 2022
Location – 20585 Pine Drive East, Pioneer, CA 95666

Activity takes place on property owned by an AFSFA member. Members, families and invited guest gather for a day of activities including games and meals. Some choose to visit and participate on Saturday and others will stay the night and leave on Sunday. Some will spend the night in one of the buildings while others may camp out. The property is in a developed area but still considered remote with lots of trees, hilly terrain and wild animals.

In consideration of being allowed to participate in this activity, I release from liability and waive my right to sue the Air Force Security Forces Association, the Travis Bay Area Chapter of the Association or James and/or Jean Downey, Property Owners – (THE PARTIES).

I am voluntarily participating in this Activity. I understand that there are risks associated with certain activities, from my participation in certain activities and being in a forest area. I understand that participation in any activity is my choice and could result in an injury. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location or facilities. Nonetheless, I assume all related risks, whether known or unknown to me, or my participation in this activity, including travel to and from the Activity.

I agree to hold the (THE PARTIES) harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fee, as a result of my participation in the Activity, including travel to and from the Activity. If the aforementioned parties incur any of these types of expenses, I agree to reimburse them.

If I need medical treatment, (THE PARTIES) are authorized to obtain medical treatment for me. I agree that I will be financially responsible for any costs of such treatment. I agree that I will not hold (THE PARTIES) responsible for any claims resulting from any such medical treatment.

I am 18 years or older. I have read this document, and I am signing it freely on behalf of myself and family. I understand the legal consequences of signing this document, including (a) releasing (THE PARTIES) from all liability, (b) waiver of my right to sue (THE PARTIES), (c) and assumption of all risks in participating in this Activity, including travel to and from the Activity.

I understand that this document is written to be broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Date: _____

Participant Name(s): _____

Signature(s): _____