



The Colorado Trail Foundation

710 10th Street, Rm. 210, Golden, CO 80401 (303) 384-3729 ctf@ColoradoTrail.org

2018 CREW REGISTRATION FORM

1. Complete registration form:

- If more than one person** - Complete a copy of this registration form for each person (photocopy this or obtain via CTF website). If each of you wants to be on the same crew, note it on each form.
- Alternate Crew Choices** - If your first choice is full, but you would accept alternate crew assignment(s), please write the number(s) in the slots below.
- Multiple Crews** - You may participate in additional crews at a discounted price. (See "Pay fees" below.) Please circle all crew numbers in which you definitely plan to participate.
- Partial Crews** - Crew leaders can sometimes make special arrangements to accommodate a volunteer who wants to participate for just a portion of the crew. Please communicate with the crew leader(s) before registering.

2. **Complete waiver:** Needed for all participants. For those under age 18, also complete back of waiver.

3. **Pay fees: Multiple crew discounts: pay full price for the most expensive crew plus half price for each additional crew.**

4. **Mail Together:** Registration form + waiver + fee. No electronic registrations will be accepted.

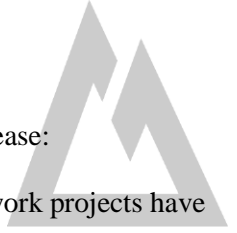
Age: Volunteers must be at least 16 years old at the time of crew to participate.

Confirmation & Refund Policy: Your registration will be confirmed in writing or email within 30 days. Crews are filled in the order that complete registration + waiver + fees are received. Once registration is confirmed, fees become *non-refundable*. If you need to cancel, please communicate to the CTF office so that your slot can be opened to others.

Crew Selection CAREFULLY CIRCLE all crews you are registering for.						
0118 \$30	0218 \$30	0318 \$75	0418 \$15	0518 \$45	0618 \$60	0718 \$15
0818 \$40	0918 \$75	1018 \$75	1118 \$40	1218 \$40	1318 \$15	1418 \$40
1518 \$75	1618 \$75	1718 \$40	1818 \$40	1918 \$15	2018 \$25	2118 \$40
Alternate Crew Choices: Write crew number in order of preference. 2 nd _____ 3 rd _____ 4 th _____						

Participant Info						
Name			Postal Address street or box			
City	State	Zip	E-Mail Address			
Cell Phone	Home Phone		Work Phone		Age	Sex M F
Payment Info Registration Fee(s) Total = \$ _____ (If by check, make payable to The Colorado Trail Foundation)						
Cash	Check Enclosed	VISA	MasterCard	AMEX	Discover	
Name on Card			Signature			
Card Number			Exp	Sec	Zip	
Additional Info						
Person to contact in case of emergency			Cell Phone			
Home Phone			Work Phone			
Past trail crew experience: _____						
Do you need transportation assistance? YES NO						
Can you help others with transportation to the meeting site? YES NO If so, how many? _____						
Can you provide 4WD on jeep-ins? YES NO						

THE COLORADO TRAIL FOUNDATION
Waiver and Liability Release Agreement



As a participant in activities of The Colorado Trail Foundation, I agree to the following waiver and release:

I, _____, acknowledge that backcountry travel, activities and work projects have
(print name here)

risks, hazards and dangers that cannot be eliminated, particularly in a wilderness environment in mountainous terrain. ***I understand that these risks, hazards, and dangers, which may cause disability, injury and death, include without limitation:***

- risks from activities in areas where no outside services are available or provided; where rescue and medical services are limited and slow, if available at all; where trail or road conditions vary, are not maintained, and are unpredictable and changeable; where weather also is unpredictable and changeable; and where injuries could include, but are not limited to, cuts, wounds, contusions, broken bones, sprained muscles, animal or insect bites/stings, exposure, dehydration, hypothermia, frostbite, and head injuries;
- risks involved in decision-making and route-finding in a wilderness environment; getting lost resulting in dehydration, hypothermia, or frostbite,
- other risks, hazards, and dangers common to wilderness travel and outdoor activities that include, but are not limited to, trail construction and repair, camping, cooking, hiking, climbing, mountaineering, and backpacking.

I have read and understand the information provided by The Colorado Trail Foundation about the activities, work projects, and travel to and from such activities. I also understand that I have a responsibility for my own safety and the safety of others as a backcountry user.

***** Initial here _____

I understand that participation in the travel, activities and projects of The Colorado Trail Foundation require good physical condition. I and/or my family, including my minor children, who are fully capable of participating in The Colorado Trail Foundation activities and willingly assume the risk of injury as my/our responsibility, including the loss of control or balance in walking, hiking, or climbing; weather; collision with trees, rocks, or other obstacles, whether obvious or not obvious. **I am voluntarily participating in activities and projects of The Colorado Trail Foundation with full knowledge of the risks, hazards and dangers involved.**

***** Initial here _____

By my signature, for myself, my family (including minor children), my estate, and my heirs, I hereby **knowingly and intentionally release, indemnify and hold harmless The Colorado Trail Foundation**, its directors, officers, service providers, independent contractors, agents, employees, and volunteers from and against any and all claims, actions, causes of actions, liabilities, suits, expenses (including attorneys' fees) and **negligence** of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, disability, or death to me or my property as a result of my participation in the activities and projects of The Colorado Trail Foundation, the use of its information or services and traveling in a wilderness environment in mountainous terrain, whether such damage, loss, injury, disability, or death results from **negligence** of The Colorado Trail Foundation, its directors, officers, service providers, independent contractors, agents, employees, or volunteers or from some other cause. I further agree not to sue The Colorado Trail Foundation, its directors, officers, service providers, independent contractors, agents, employees, and volunteers as a result of any damage, loss, injury, disability, or death that may occur while participating in its activities or projects. Also, I authorize the CTF, and or parties designated by CTF, to use my or my child's photo for sale or reproduction in any manner CTF desires, for advertising, display, audio visual, or other use.

I am over 18 years of age. (circle) **Yes / No** Initial here _____ (Parents signature and completion of back page also required if under 18)

SIGNATURE _____ **DATE** _____

NAME (print) _____ **ADDRESS** _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____

EMAIL _____

THE COLORADO TRAIL FOUNDATION
Indemnification Agreement for Participants Under 18 Years of Age



NAME OF PARTICIPANT: _____
(print name here)

For the minor named above who will participate in activities of The Colorado Trail Foundation in mountain regions of Colorado, I agree to the following waiver, release and indemnification:

The undersigned parent or guardian of said minor, for themselves and on behalf of said minor, joins in and agrees to the provisions of the "Liability Release Agreement" and hereby stipulates and agrees to save harmless, indemnify, and forever defend The Colorado Trail Foundation, its directors, officers, service providers, independent contractors, agents and employees, from and against any claims, actions, demands, expenses, liabilities (including attorneys' fees) and **negligence** made or brought by said minor or by anyone on behalf of said minor, as a result of said minor's participation in travel, activities and projects of The Colorado Trail Foundation, including the result of said minor's participation in the travel, activities and projects of The Colorado Trail Foundation, including without limitation, his or her use of property and facilities of The Colorado Trail Foundation, his or her participation in specific activities of The Colorado Trail Foundation, or his or her travel to and from the site of such activities.

SIGNATURE (parent or guardian) _____ **DATE** _____

PRINT NAME (parent or guardian) _____

ADDRESS _____ **CITY** _____

STATE _____ **ZIP** _____ **PHONE(S)** _____

EMAIL _____