

Trip Name / Destination

**Unified Field Ornithologists (UFO) of Roswell
Field Trip Liability Release and Indemnity Agreement**

BY SIGNING THIS FORM YOU ARE RELEASING UFO of ROSWELL AND all the officers ,and field trip leader, if any FROM ANY AND ALL LIABILITY IN THE EVENT YOU ARE INJURED OR KILLED WHILE PARTICIPATING IN ANY FIELD TRIP SPONSORED BY UFO OF ROSWELL.

I wish to participate in a field trip sponsored by UFO of Roswell. I am aware that field trips sponsored by UFO of Roswell may involve certain dangers, including, but not limited to, the hazards of traveling and walking in undeveloped and natural areas, transportation by private vehicle, injury or illness in remote places without medical aid, and unforeseen events caused by the forces of nature. In consideration for permitting me to participate in field trips sponsored by UFO of Roswell, I, for my family, my estate, and myself, hereby waive any right of recovery and claims of liability against UFO of Roswell, its board members, employees and volunteers, including claims for bodily injury, including death, personal injury and/or damage to property, and release UFO of Roswell, its board members, employees and volunteers from such claims and any claims made by others for personal injury or property damage allegedly caused by me. Further, I will hold UFO of Roswell harmless from any loss or damages resulting from the foregoing waiver and release. This Release and Indemnity Agreement is a contract not a mere recital and it shall remain in effect for all field trips sponsored by UFO of Roswell. This Release and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of New Mexico and that if any portion is held invalid, the balance shall continue in full legal force and effect. The undersigned gives his/her permission to be photographed or filmed and have his/her image used by UFO of Roswell, without royalty or compensation.

I HAVE READ AND AGREE TO THE TERMS OF THIS RELEASE AND INDEMNITY AGREEMENT IN ITS ENTIRETY.

Printed Name	Signature	Date
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