



**RELEASE OF LIABILITY,**  
**ASSUMPTION OF RISK**  
**AND**  
**INDEMNITY AGREEMENT**

**John Sutter ECV® Chapter # 1841**

I, \_\_\_\_\_ acknowledge that I have voluntarily requested to accompany  
**(PRINT YOUR NAME)**

**John Sutter ECV® Chapter # 1841** of the Ancient and Honorable Order of E Clampus Vitus® (hereinafter ECV®) for a meeting and/or a trip for the purpose of contemplating and/or visiting and/or dedicating various plaques and/or monuments commemorating major and lesser events of history.

2. I am aware that the meetings of ECV® occur in various locations, and that driving from my point of departure to said meeting (hereinafter Clampsite), my participation in the various activities at said Clampsite and driving back to my point of departure are potentially dangerous and hazardous activities. I am voluntarily participating in these activities with the knowledge of the dangers involved, and hereby agree to accept any and all risks of injury and death, and verify this statement by placing my initials here.

\_\_\_\_\_ (initial here)

3. As consideration for being permitted by ECV® to participate in these activities, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives, hereby release from any and all liability and will not make a claim against, sue, obtain a judgment against, and/or attach the property of **John Sutter ECV® Chapter # 1841** and ECV®, and/or the owners of the Clampsite property, or against any officers or members of **John Sutter ECV® Chapter # 1841** and ECV® for injury or damage resulting from negligence or other negligent acts or omissions, howsoever caused, including, but not limited to, the acts or omissions of negligence by any ECV® member including the sole acts or omissions of negligence of these persons as a result of my participation in, or travel to and from the Clampsite. I hereby release **John Sutter ECV® Chapter # 1841**, ECV®, and/or the owners of the Clampsite property and any officers or members of ECV® from all actions, claims or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may have for injury or damage resulting from my above-described participation at the Clampsite. \_\_\_\_\_ (initial here)

4. I hereby further agree that I, my assignees, heirs, distributes, guardians, and legal representatives will **INDEMNIFY AND SAVE AND HOLD HARMLESS** the parties released herein **FROM ANY LOSS, LIABILITY, DAMAGE, OR COST** they may incur arising out of or related to the events described herein whether caused by the negligence of the parties released herein or otherwise.

5. I hereby agree on behalf of myself, my assignees, heirs, distributes, guardians, and legal representatives that this Release and Waiver of Liability, Assumption of Risk and indemnity Agreement extends to all acts of negligence by the parties released herein and is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

**6. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND A CONTRACT BETWEEN ME AND THE JOHN A. SUTTER CHAPTER OF THE ANCIENT AND HONORABLE ORDER OF E CLAMPUS VITUS®, ITS OFFICERS AND MEMBERS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT OF MY OWN FREE WILL, HAVING MY FULL MENTAL FACULTIES AND NOT BEING UNDER THE INFLUENCE OF ANY INTOXICANT, WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY OT THE GREATEST EXTENT ALLOWED BY LAW.**

Executed at \_\_\_\_\_, \_\_\_\_\_ on \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

Releaser, SIGN name here \_\_\_\_\_

Releaser, PRINT name here \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_, Email \_\_\_\_\_ @ \_\_\_\_\_

Traveling Card from Chapter \_\_\_\_\_ Verified by \_\_\_\_\_

WITNESS: \_\_\_\_\_ WITNESS ADDRESS: \_\_\_\_\_