



# Desert Adventures, Inc.

## ATTENDANCE SHEET



Trip/Event: \_\_\_\_\_  
 Trip Leader(s): \_\_\_\_\_ DATE: \_\_\_\_\_

### *Waiver of Claims and Acknowledgement of Personal Insurance Responsibility*

Desert Adventures, Inc. (DA) is a tax exempt, non-profit Corporation operating in the State of Arizona. Fees, donations, contributions, or payments made to DA are not deductible for income tax purposes. The fees charged members, non-members and guests who participate in the activities organized and conducted by DA are collected to defray the operating costs of the Corporation. DA does not, nor does it intend to, insure the safety or health of the participants who attend any of the functions organized, conducted, or sponsored by DA. DA would be required to significantly increase the charges and fees for its activities in order to purchase this type of insurance. By execution of this document, I hereby waive any and all rights that I may have to make claim for damages, expenses, or costs against DA for any injuries that I might suffer while participating in any DA event & do hereby for myself, my heirs, executors, administrators, successors & assigns, release, acquit, exonerate and forever discharge DA, its heirs, executors, administrators, successors & assigns from all claims, actions, causes of actions, demands, rights, damages, costs, and attorney's fees, or other compensation whatsoever that I might incur by participating in a DA sponsored event. I also understand that I am fully responsible for obtaining appropriate insurance coverage for myself and that I am also responsible for my own medical and insurance expenses. By signing my name to this form, I hereby grant permission for my picture to be included in any photograph of events or activities sponsored by DA and printed in the newsletter, website, or other DA presentations. My last name or phone number shall not be used in any publication unless authorized by me. My signature below affirms that I am at least 21 years of age.

SIGNATURE	PRINTED NAME	MEMBER AMOUNT	GUEST AMOUNT	RECEIPT NUMBER	*** EMERGENCY *** NAME & PHONE NUMBER
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Event Totals:		\$	\$	Grand Total:	\$

**YOU MUST SIGN THIS DOCUMENT TO PARTICIPATE IN THIS ACTIVITY**  
**YOUR REFUSAL TO SIGN WILL RESULT IN DENIED ADMITTANCE**