

DATE: _____

Each adult, minor, pet, and vehicle must be registered for admission to Orient Land Trust (OLT). We do not disclose contact information to anyone except as permitted, required by law, or for medical emergencies.

By signing below I acknowledge the following:

I have read and agree to OLT’s Visitor Guidelines, Terms of Admission, and posted notices.

I understand that social nudity is appropriate and acceptable throughout the property while overt sexual behavior is inappropriate and not allowed.

I understand that any camera device is to be capped and packed away around others for everyone's comfort.

I understand that respectful and responsible behavior is expected on all OLT lands and that I, or my group, may be asked to leave immediately.

I authorize OLT to collect damages done by me and my group.

I understand that OLT, its Board of Directors, staff, and volunteers disclaim responsibility for any and all injury or property loss to me or my group.

I am at least 18 years of age. The signature of each child’s legal guardian appears below.

Please print clearly.

NAME PLEASE BRING PHOTO ID

NAME PLEASE BRING PHOTO ID

SIGNATURE

SIGNATURE

(MOBILE | HOME) PHONE - SELECT ONE

(MOBILE | HOME) PHONE - SELECT ONE

EMAIL

EMAIL

MAILING ADDRESS

HOME MAILING ADDRESS (REQUIRED)

CITY STATE ZIP CODE

COMMUNICATION PREFERENCE (ANY | EMAIL PREFERRED | OPT-OUT)

CHILDREN

MINOR NAME CHECK IF UNDER 16 DOB

MINOR NAME CHECK IF UNDER 16 DOB

PETS

PET NAME (FEES APPLY) DESCRIPTION

PET NAME (FEES APPLY) DESCRIPTION

VEHICLES

EACH VEHICLE (AND TRAILER) LICENSE PLATE AND DESCRIPTION STATE

ORIENT LAND TRUST

P.O. Box 65, Villa Grove, CO 81155; (719) 256-4315

Waiver and Release

1. **ACKNOWLEDGMENT OF RISK.** I understand that visiting ORIENT LAND TRUST (“OLT”), I may be participating in activities with certain inherent risks and hazards, known and unknown. During my visit to OLT, I assume all risks, which risks include, but are not limited to: being around bodies of water; drowning; hot water; dangers associated with being in a ranching environment where animals are present, including, but not limited to, horses, cattle, pigs, and chickens; exposure to COVID-19 and other public health risks; exposure to sun and weather; contact with poisonous or otherwise dangerous plants or animals; slippery surfaces; steep and rough terrain; and the possibility of emotional distress from exposure to any one or more of the above listed risks and others. I acknowledge that weather, elements, water, terrain, and their condition are difficult to judge. I agree to accept any and all risks of injury, loss of any kind, or death which occur over from my visit to OLT.

WARNING. Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to § 13-21-119, Colorado Revised Statutes.

2. **RELEASE.** In consideration of being permitted to use the accommodations and facilities of OLT, I, for myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive and discharge OLT and its conservation easement holders, their members, managers, employees, volunteers, owners, board, officers, staff, agents, successors and assigns (referred to collectively as “Releasee”) from all liability to me, my spouse, my child, legal representatives, heirs and assigns, for any and all loss, costs, claims or damage on account of injury to person or property, to the fullest extent permitted by law, occurring or resulting from my visit to OLT.

3. **INDEMNIFICATION.** In the event that Releasee is sued or threatened with litigation by any person as a direct or indirect result of my actions while at OLT, I agree to defend and indemnify Releasee against any loss, costs, damages, claims or liability, including attorney fees and costs incurred by Releasee in defense of any such claim or liability. I further agree to be responsible for any attorney fees and costs incurred by Releasee to enforce any provision of this Agreement.

4. **COVID-19.** I represent that to the best of my knowledge I am not currently infected with COVID-19. I will follow all rules published by OLT with regard to COVID-19, I acknowledge that OLT requests that I promptly inform OLT if I contract COVID-19 within 4 days of my visit to OLT. If so informed, OLT will keep your identity confidential. OLT shall have no specific duty or obligation to take any further action with respect to such information. During my visit to OLT, I assume all risks related to COVID-19, which risks include, but are not limited to: the risk of contracting COVID-19 by an act or omission of OLT, an employee, volunteer, or another guest or member. I agree to accept any and all risks of injury, loss of any kind, or death which occur or result from my visit to OLT.

5. **GENERAL.** All agreements and covenants contained herein are severable, and in the event any of them shall be held to be invalid by any competent court, this Release shall be interpreted as if such invalid agreements and covenants were not contained herein. Any dispute involving these matters shall be governed by the laws of Colorado with venue in Saguache County, Colorado. This Release contains the entire agreement between the parties hereto and the terms of this Release are contractual and not a mere recital. I have carefully read the foregoing and know and understand the contents and sign as my own free act. I understand and agree that I have the right to decline to enter OLT property and to participate in activities while at OLT.

Signature: _____ Date: _____

Signature: _____ Date: _____

If Guest is under 18, Parent or Legal Guardian must sign: _____

Date: _____