



Filipino American Nurses Organization of Grand Canyon State (FANOGCS)

Release of Liability and Waiver Form

In exchange for participation in the activity of _____, organized by the Filipino American Nurses Organization of Grand Canyon State (FANOGCS), I, _____ and phone number _____, agree for myself and (if applicable) for the members of my family, to the following:

1. I recognize that there are certain risks related to the above activity and I assume full responsibility for personal injury to myself and (if applicable) my family members.

I hereby release, discharge, and/or otherwise indemnify FANOGCS or any of their staff against any claim or liability for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of **Telegraph Pass, South Mountain, 14251 S. Desert Foothills Pkwy., Phoenix, AZ 85048**, whether caused by the fault of myself or my family. I understand that I may need to seek a licensed healthcare provider for any further treatment needed.

Signature: _____ Date: _____

(Below is for FANOGCS staff only)

First aid treatment administered for (injury) _____.

Called 911 on-site Advised to see a healthcare provider

Printed name: _____ Signature: _____

Date: _____