

SOLDIER RIDGE TRAIL SYSTEM EVENT FORM

We are so excited that you are considering using our trail system for your event! Please take a few minutes to complete the form below. **We will notify the property owners where the trails cross.** Please complete and return this form to the Sheridan Community Land Trust (office@sheridancldt.org) **6 weeks before the event.**

Company/ Organization Name _____

Event Information

Name of Event:	Date:	Duration:
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First Contact Information:

Name:
Phone:
Email:

Second Contact Information:

Name:
Phone:
Email:

Expected number of participants: _____

Due to limited restroom facilities on the trail system, depending on the volume of participants, Porta-Potty(s) may be required.

Company _____ Date _____



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If approved by SCLT, please contact the appropriate party(s) below to finalize permits.

SCLT will **require** copies of the permits.

	Date of Permit M / D / YR
Office of State Lands: (307) 777-7331	/ /
Sheridan County: (307) 674-2920	/ /
Sheridan Sheriff: (307) 672-3455	/ /
Bureau of Land Management- Buffalo, Regional Office:	/ /
United States Forest Service- Tongue River District:	/ /
Additional:	/ /
Additional:	/ /

Wish to close the trails? ☐ Yes ☐ No

If yes, please notify SCLT and your event will go under review.

*Note: we cannot guarantee that a closure will be possible.

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Plan for Parking:

Plan for Clean-up:

SCLT Rules for Soldier Ridge Trail

Due to the multi-jurisdictional nature of the trail system. Please contact SCLT for the rules applicable to your planned activities. **If any plans change**, please contact us (office@sheridancldt.org)

List of all planned activities

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Sheridan Community Land Trust and our community take great pride in maintaining and developing accessible trails that are free of charge for the public; we kindly request you consider a donation to SCLT.

Would you consider a donation to SCLT as part of your event?

☐ Yes ☐ Not at this time.

If yes, please complete the below section:

Pledge Information

Total	\$
Number of Payments	
Timing of Payment	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly

Contribution Method

☐ I would like to receive invoices when payments are due.

Acknowledgment

Please print the name as you would like it to appear in formal recognitions and/or publications:

Name: _____

☐ I would like my gift to be anonymous and do not want my name listed.

SOLDIER RIDGE TRAIL SYSTEM EVENT FORM

Organizing Individual or Entity must complete the following Release Form

Entity Release and Waiver of Liability Participant and/or Volunteer

This Release and Waiver of Liability ("Release") is executed by the individual signing below on behalf/as a representative of the School, Business or other Organization ("Entity") in favor of Sheridan Community Land Trust ("SCLT"), a Land Trust existing under the laws of the State of Wyoming and each of its elected and appointed officials, employees, officers, agents, successors, assignees, participants and volunteers.

The Organizing Individual or Entity desires to participate in SCLT events and/or work as a volunteer ("Activities" or "Activity"). This Release is valid from the date of the last signature through December 31 of the year. The Entity understands that the Activities may include physical labor, possible exposure to hazardous conditions, or other circumstances that could result in injury, and freely executes this Release without duress under the following terms:

Release and Waiver. ORGANIZING INDIVIDUAL OR ENTITY AGREES TO HOLD HARMLESS, INDEMNIFY, RELEASE, AND FOREVER DISCHARGE SCLT AND ALL OF ITS TRUSTEES, OFFICERS, AGENTS, EMPLOYEES, PARTICIPANTS, AND VOLUNTEERS FROM AND AGAINST ANY AND ALL FUTURE CLAIMS, DEMANDS, OR CAUSES OF ACTION, ON ACCOUNT OF DAMAGE TO OR LOSS OF PERSONAL PROPERTY, OR PERSONAL INJURY, OR DEATH, WHICH MAY RESULT FROM ENTITY'S PARTICIPATION IN THESE ACTIVITIES.

Assumption of Risk. Organizing Individual or Entity understands that Activities may involve hazardous work, and Organizing Individual or Entity understands that each Activity has its own inherent hazards and Organizing Individual or Entity hereby expressly and specifically assumes the risk of injury or harm from these Activities, and releases SCLT from all liability for injury, illness, death, or property damage resulting from Organizing Individual or Entity's participation in the Activities. Organizing Individual or Entity further agrees to observe and abide by local, state, and federal law while participating in these Activities.

Insurance. The Organizing Individual or Entity understands that SCLT does not carry or maintain health, medical or disability insurance coverage for participants or volunteers.

Photographic, Audio and Digital Release. Organizing Individual or Entity hereby grants SCLT permission to use his/her/their likeness in a photograph, digital reproduction, written and verbal response(s) in any and all of its publications, including website entries and social media, without payment or any other consideration.

Medical Treatment. Organizing Individual or Entity does hereby release and forever discharge SCLT from any claim whatsoever which may arise on account of first aid, treatment, or service rendered in connection with SCLT Activities.

Release Scope. Organizing Individual or Entity expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wyoming and that this Release shall be governed by and interpreted in accordance with the laws of the State of Wyoming. Volunteer agrees that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I MAY GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND CONSENT TO DO BUSINESS ELECTRONICALLY AND SIGN IT VOLUNTARILY WITHOUT INDUCEMENTS.

Organizing Individual or Entity's Printed Name

Organizing Individual Entity's Representative's
Printed Name

Organizing Individual or Entity's Representative's
Signature

Date



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All Participants must complete the following Release Form

**Individual Release and Waiver of Liability
Participant and/or Volunteer**

This Release and Waiver of Liability ("Release") is executed by the individual signing below ("Individual") in favor of Sheridan Community Land Trust ("SCLT"), a Land Trust existing under the laws of the State of Wyoming and each of its elected and appointed officials, employees, officers, agents, successors, assignees, participants and volunteers. SCLT frequently partners with other organizations such as non-profits, businesses, government entities, etc. ("Co-Host"). The terms of this Release apply to, and information will be shared with, the Co-Host(s).

The Individual desires to participate in SCLT events and/or work as a volunteer ("Activities" or "Activity"). This Release is valid from the date of the last signature through December 31 of the year. The Individual understands that the SCLT Activities may include physical labor, possible exposure to hazardous conditions, or other circumstances that could result in injury, and freely executes this Release without duress under the following terms:

Release and Waiver. INDIVIDUAL AGREES TO HOLD HARMLESS, INDEMNIFY, RELEASE, AND FOREVER DISCHARGE SCLT AND ALL OF ITS TRUSTEES, OFFICERS, AGENTS, EMPLOYEES, PARTICIPANTS AND VOLUNTEERS FROM AND AGAINST ANY AND ALL FUTURE CLAIMS, DEMANDS, OR CAUSES OF ACTION, ON ACCOUNT OF DAMAGE TO OR LOSS OF PERSONAL PROPERTY, OR PERSONAL INJURY, OR DEATH, WHICH MAY RESULT FROM INDIVIDUAL'S PARTICIPATION IN THESE ACTIVITIES.

Assumption of Risk. Individual understands that Activities may involve hazardous work, and Individual understands that each Activity has its own inherent hazards and Individual hereby expressly and specifically assumes the risk of injury or harm from these Activities, and releases SCLT from all liability for injury, illness, death, or property damage resulting from Individual's participation in the Activities. Individual further agrees to observe and abide by local, state, and federal law while participating in these Activities.

Insurance. The Individual understands that SCLT does not carry or maintain health, medical or disability insurance coverage for participants or volunteers.

Photographic, Audio and Digital Release. Individual hereby grants SCLT permission to use his/her/their likeness in a photograph, digital reproduction, written and verbal response(s) in any and all of its publications, including website entries and social media, without payment or any other consideration.

Medical Treatment. Individual does hereby release and forever discharge SCLT from any claim whatsoever which may arise on account of first aid, treatment, or service rendered in connection with SCLT Activities.

Release Scope. Individual expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wyoming and that this Release shall be governed by and interpreted in accordance with the laws of the State of Wyoming. Individual agrees that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I MAY GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND CONSENT TO DO BUSINESS ELECTRONICALLY AND SIGN IT VOLUNTARILY WITHOUT INDUCEMENTS.

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☐ Individual **is under age 18 or under guardianship**. If this box is checked, Individual is asked to only complete Individual's Printed Name; Individual's Signature, and Date. A Parent or Guardian must complete the Emergency Contact Information and the Guardian Release.

Individual's Printed Name

Individual's Signature

Date

Individual's Phone Number

Individual's Email Address
(for SCLT updates)

Individual's Address

City, State

Zip

Emergency Contact Information (For emergency services, call 911)

Primary Emergency Contact Name

Primary Emergency Contact Relation

Primary Emergency Contact Cell

Primary Emergency Contact Work/Home

Secondary Emergency Contact Name

Secondary Emergency Contact Relation

Secondary Emergency Contact Cell

Secondary Emergency Contact Work/Home

Please note any allergies, medications, or other information needed in an emergency.

Guardian Release and Waiver of Liability For Persons Under Age 18 and Persons Under Guardianship

I, as the Parent/Guardian of the above named (Individual), hereby give permission for the Individual to participate in SCLT Activities. I hereby certify that as the Parent/Guardian of the above Individual, I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this Release. I am aware that by signing this Release, I assume all risks and waive and release certain substantial rights that I may have. I acknowledge that this Release is binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

Parent/Guardian's Phone Number

Parent/Guardian's Email Address (for SCLT updates)



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