WEST COAST 4X4 ADVENTURES LLC

EVENT DAY LIABILITY WAIVER & RELEASE

[CLUB LOGO PLACEHOLDER] | Authorized Field Document | Retain Completed Copy On File

EVENT NAME:

DATE:

LOCATION:

▶️ 1. Participant Information

Full Name:	**Date of Birth:**	**Phone:**
Email:	**Emergency Contact:**	**Emergency Phone:**
Vehicle (Year / Make / Model):	**Plate & State:**	

▶️ 2. Assumption of Risk

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Release of Liability

I understand and voluntarily accept that off-road and 4x4 activities carry significant inherent risks including but not limited to vehicle rollover, collision, rough or unstable terrain, remote locations with limited emergency access, extreme desert weather, wildlife, and mechanical failure. I confirm I am physically fit to participate and that my vehicle is properly equipped and insured for off-road use.

I hereby **RELEASE, WAIVE, AND DISCHARGE** West Coast 4x4 Adventures LLC, its officers, members, volunteers, organizers, sponsors, and landowners from any and all liability, claims, demands, damages, costs, or causes of action arising out of or in connection with my participation in today's event, whether caused by negligence or otherwise. I further agree to **INDEMNIFY AND HOLD HARMLESS** the club and all related parties against any such claims. This release is binding upon my heirs, assigns, and legal representatives.

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3. Vehicle

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Conduct Acknowledgment

- I confirm my vehicle has functioning recovery points (front & rear), a properly rated tow strap or shackle, and all required safety equipment for the listed event.
- I agree to follow all trail leader instructions, leave-no-trace principles, posted speed guidelines, and the West Coast 4x4 Adventures LLC code of conduct throughout this event.
- I accept full responsibility for any damage my vehicle causes to other participants' vehicles, third-party vehicles, or any private or public property during this event.

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4. Media

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Photo Release

> I grant West Coast 4x4 Adventures LLC permission to use photographs and video footage in which I appear, taken during this event, for club promotion, social media, and related publications.
>
> **OPT-OUT — I do NOT consent:**

(Initial to decline)

■ **PARTICIPANT SIGNATURE REQUIRED — READ CAREFULLY BEFORE SIGNING** ■

By signing below, I certify that I am **18 years of age or older**, that I have read and fully understand this waiver, and that I voluntarily agree to all terms stated herein. No oral representations have been made to alter this agreement.

Printed Name:	**Date:**
Signature:	**Time:**

Parent / Guardian Printed Name *(if under 18):*	**Parent / Guardian Signature:**

STAFF USE ONLY:	**Check-In Staff:**	☐ **Waiver on File / Returning Member** ☐ **New Sign-In — Waiver Collected**

West Coast 4x4 Adventures LLC

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Event Day Liability Waiver

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Retain Completed Form On File

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One Waiver Per Participant Per Event