

Ambassador Agreement

I, , hereby agree to serve as a volunteer ambassador for the Women's Wine Hiking Society ("WWHS") and hereby acknowledge and accept the following terms and conditions:

1. Assumption of Risks:

I understand that participating in hiking activities organized by WWHS involves certain inherent risks, including but not limited to physical injury, illness, accidents, and property damage. I acknowledge that hiking can be physically demanding and may expose me to a variety of dangers, both known and unknown. I am voluntarily participating in these activities with full knowledge and acceptance of the risks involved.

2. Responsibilities as an Ambassador:

I agree to serve as an ambassador for WWHS by organizing and leading hikes, as directed by the organization. I understand that I am responsible for ensuring the safety and well-being of all participants during the hikes I lead and will adhere to all safety guidelines and instructions provided by WWHS.

I also understand that if I cannot attend a hike that I am scheduled to lead, I must find another ambassador or admin (Cindy Vance or Angelique Fish) to take my place and guide the hike and that this is only allowable two times a year, unless approved by an admin. If I can no longer meet the requirements outlined above, I agree to give a one-month notice to Cindy Vance or Angelique Fish.

3. Release of Liability:

In consideration of being allowed to serve as an ambassador for WWHS, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release and discharge WWHS, its officers, directors, employees, volunteers, and agents from any and all claims, liabilities, demands, actions, causes of action, costs, and expenses (including attorney's fees) arising out of or in any way connected with my participation in WWHS activities, including but not limited to hiking events.

4. Indemnification:

I agree to indemnify and hold harmless WWHS, its officers, directors, employees, volunteers, and agents from any and all claims or liabilities arising out of my actions as an ambassador, including any injuries or damages caused by my negligence or misconduct during WWHS activities.

5. Medical Authorization:

I grant permission to WWHS to seek and authorize medical treatment on my behalf in the event of injury or illness during WWHS activities if I am unable to do so myself. I understand that WWHS will make reasonable efforts to contact me or my emergency contacts before seeking medical treatment.

6. Photographic and Media Release:

I consent to WWHS's use of any photographs, video recordings, or other media taken during WWHS activities for promotional or educational purposes without compensation.

7. Governing Law:

This waiver shall be governed by and construed in accordance with the laws of .

I have read and fully understand the terms and conditions of this Ambassador Agreement and Liability Release Waiver. I am voluntarily accepting these terms and agree to be bound by them.

Ambassador's Full Name (Printed): _____

Ambassador's Signature: _____

Date: _____

Ambassador Emergency Contact Information:

Name: _____

Phone Number: _____

WWHS's Contact Information

WWHS Representative: Angelique Fish

Phone Number: 208-794-0860

WWHS Representative: Cindy Vance

Phone Number: 801-573-0533

(Admin Signature)

(Date)