



10000 SKYLINE BOULEVARD, OAKLAND, CA 94619  
CHABOTSPACE.ORG

## HIKING WAIVER & CONSENT

I hereby give permission for my (son/daughter/ward/self), to participate in Chabot Space & Science Center's ("Chabot") hiking program. This program will take place at Chabot and the surrounding East Bay Regional Parks.

### Acknowledgement of Risks

I understand that hiking involves certain risks, dangers and hazards which are not limited to natural hazards from trees, rocks, water, depressions, cliffs and wildlife.

### Photo Consent

I give consent for photos of (son/daughter/ward/self), to be used in promotional materials, including brochures, flyers, print ads, and the website unless I have notified Chabot otherwise. I understand that hikers will not be identified by name on any promotional materials.

### Liability Waiver

In consideration of being permitted to participate in any way in the above program I hereby release Chabot and its representatives from liability from any and all claims, resulting in personal injury, accidents or illnesses, and property loss arising from participation in the above program

**I have read the previous paragraphs and I understand that there are risks inherent in participating in this program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Participant's Age \_\_\_\_\_  
(if minor)

Participant(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_