

1
Required

**RELEASE OF LIABILITY, BULL RUN WATERSHED TOUR
Adult**

(Deliver completed form to the Water Bureau’s tour coordinator prior to departure on the trip)

I, the undersigned, do hereby, in consideration of the City of Portland providing me with a trip into the Bull Run watershed:

1. Affirm that I am at least 18 years of age; and
2. Consent to any emergency transportation and any emergency treatment and hospitalization that might become necessary for me and to be fully and financially responsible therefore; and
3. Agree I will be solely liable, in my decision to participate in the trip, for any negative consequence that arises out of my physical condition or my negligent or willful actions during the trip; and
4. Agree to hold harmless and indemnify the City of Portland, its officers, employees and agents for any and all injury to me or my property, of whatsoever nature and origin, arising out of my participation on this trip and not due to any action by the City amounting to gross negligence.

Full Legal Name of Participant (please print): _____
First Middle Last

Home Address of Participant: _____
Street address City State Zip Code

Signature of Participant and Date: _____

(Optional) Name and phone number of an emergency contact: _____

FOR MORE INFORMATION: If you have any questions about this form and/or the content of the trip, please contact a Water Bureau Bull Run Tour Coordinator at (503) 823-7407 or (503) 823-7437.

2
Optional

**DECLINE
OF CONSENT TO RECEIVE
EMERGENCY TREATMENT WITH EPINEPHRINE**

I, the undersigned, do hereby, in consideration of the City’s providing me with a trip into the Bull Run Watershed:

1. Affirm that I am at least 18 years of age; and
2. Understand that insect stings are not common in the watershed, but are always a possibility; and
3. Understand that the watershed is located approximately an hour from 911 emergency responders; and
4. Understand that the City’s primary tour guide is trained and certified per ORS 433.815 to administer emergency treatment with epinephrine; and
5. **DO NOT CONSENT** to emergency treatment with epinephrine in case of a severe allergic reaction.

Name of participant (please print): _____

Signature of participant and date: _____

Note: The City’s policy is for tour participants to administer their own epinephrine if at all possible. The Water Bureau’s primary tour guide is trained to administer epinephrine, carries epinephrine, and, if consent is not withheld above, will administer epinephrine if necessary.

3
Optional

Please include your email address here if you would like to receive further information about natural resource protection in Bull Run.

EMAIL: _____