

# Goldmyer Hot Springs – Release and Conditions of Use

## Northwest Wilderness Programs

- Distribute this form to ALL group members. EVERYONE must fill out this form for EVERY visit.
- Complete form before departure to save time at check-in. Deliver to Caretakers upon arrival.

*Northwest Wilderness Programs is a non-profit WA corporation, tax-exempt under I.R.C. Section 501 (c)(3)*

### RELEASE AND CONDITIONS OF USE

The undersigned person understands that Goldmyer Hot Springs is private property, and that the Caretakers (Property Managers) have full authority with regard to the use of the Goldmyer property and facilities provided by Northwest Wilderness Programs. I agree to abide by that authority while on Goldmyer property. I agree to assume full responsibility for any liability arising from my use of the hot springs and other facilities on the Goldmyer property. I understand the wilderness conditions here make it impossible to fence and warn against all hazards such as slippery areas, exposed roots, rocky areas, steep drop-offs, hot water, ice, snow, rivers and creeks with hazardous crossings and other natural hazards one may encounter in a natural wilderness setting as well as exposure to bacteria, coronavirus, other viruses, parasites or possible communicable diseases such as COVID-19.

Goldmyer assumes no responsibility for damage or theft of personal property while on the premises and assumes no responsibility for the offensive or criminal acts of third parties. I fully assume all risks of injury or loss suffered by me and members of my party. I agree to indemnify and hold Goldmyer Hot Springs, Northwest Wilderness Programs, its officers, directors, members, employees, and agents harmless of any and all claims of injury or loss which I may suffer, or which any member of my party may suffer while on the Goldmyer property or using any of the facilities of Northwest Wilderness Programs. I agree that any litigation involving Goldmyer Hot Springs shall have the sole jurisdiction and venue in the Superior Court of King County, Washington State.

### USE POLICY

Goldmyer Hot Springs is intended for wilderness education and recreational use. **No pets, fires, or smoking allowed. Do not bring drugs, weapons, glass, or soap. Alcohol allowed in moderate amounts only at your campsite.** Obey Forest Service regulations and our policies as posted near the cabin. Children 17 and under will not be admitted without a parent or guardian. Clothing policy is optional unless otherwise arranged and confirmed with the office when making a reservation. Goldmyer is a clothing optional facility and nudity may be encountered. Please limit your stay at the pools to aid privacy and access for others—scheduling is at the discretion of the Caretakers based on reservations and traffic. Report inappropriate or dangerous behavior to the Caretakers. I have read and agree with the above release of liability and conditions of use.

Name (Print Legibly) \_\_\_\_\_ Signature \_\_\_\_\_

Name and Age of Children with You (17 and under) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Emergency Contact Name (not someone in your group) \_\_\_\_\_ Phone \_\_\_\_\_

Reservation Name \_\_\_\_\_

Caretaker Initials \_\_\_\_\_ Date \_\_\_\_\_

# Goldmyer Hot Springs – COVID-19 Waiver

## Northwest Wilderness Programs

I have not experienced any of the following symptoms in the last 3 days: (please initial each)

- Shortness of breath or difficulty breathing \_\_\_\_\_
- Fever or chills \_\_\_\_\_
- Cough \_\_\_\_\_
- Repeated shaking with chills \_\_\_\_\_
- Muscle or body aches \_\_\_\_\_
- Fatigue \_\_\_\_\_
- New loss of taste or smell \_\_\_\_\_
- Nausea or vomiting \_\_\_\_\_
- Congestion or runny nose \_\_\_\_\_
- Diarrhea \_\_\_\_\_
- Sore throat \_\_\_\_\_
- Headache \_\_\_\_\_

In the past 14 days:

- I have not been diagnosed with or tested positive for COVID-19;
- I have not been in close contact with someone who is currently sick with suspected or confirmed COVID-19.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caretaker Initials \_\_\_\_\_ Date \_\_\_\_\_