WASHINGTON GRAIN COMMISSION

2702 W. Sunset Boulevard, Suite A • Spokane, WA 99224-1112
509.456.2481 • fax: 509.456.2812 • e-mail: wga@wagrains.com

GENERAL RELEASE AND INDEMNIFICATION FORM

Section 1

Educational Tour:	PNW Wheat Export Tour & Wheat Quality Workshop
WGC Contact:	Jessica Pupo, Market Development Specialist
Telephone:	(509) 456-2481 office; (509) 508-8849 cell
Address:	2702 W. Sunset Blvd., Spokane, WA 99224
Tour date(s):	October 27-29, 2026

Potential physical activities to be undertaken include:

- Walking long distances
- Stairs
- Standing for long periods of time
- Exposure to heat, cold, precipitation, or other weather events
- Sitting for multiple hours at a time

Potential risks inherent in this tour include, but are not limited to, possible bodily injury due to:

- Slipping/falling on ice or wet surfaces
- Slipping/falling on a bus, barge, or tugboat or during boarding/deboarding
- Foodborne illness
- Allergic reactions to food or beverages served

Section 2

I, the undersigned, expressly acknowledge that my participation in Washington Grain Commission (WGC) Tour activities may expose me, either directly or indirectly, to certain hazards inherent in the transportation to, viewing of, and participating in the training described in Section 1. Such hazards may give rise to personal injury, including death, or property damage or loss.

I have been informed and understand that the WGC does not provide accident, health, medical, disability, or other types of insurance for the protection of those who participate in WGC Tour activities. Furthermore, I understand that it is recommended that I have a medical insurance policy in effect during my participation. I verify that I do not have any medical conditions, physical handicaps, or impairments of any kind which might inhibit my participation in the WGC Tour activity. It is my responsibility to have on my person during the training or activity information about any medical conditions I have that emergency medical personnel should be informed of should I require any medical treatment.

In consideration of the privilege of participating in WGC Tour activities, the undersigned, for myself, my heirs, administrators, executors, successors, representatives, and assigns, do hereby knowingly, willingly, and voluntarily assume any and all risks of accident, personal injury, or property damage to myself and to my property consistent with the state of Washington Comparative Fault Statute (R.C.W. 4.22). I agree to now and forever release, acquit, discharge, indemnify, and hold harmless the state of Washington, WGC, their officers, officials, directors, representatives, agents, employees, and contractors, from and against any and all claims, loss, causes of action, suits, cost or expense for any and all personal injury, death, or property damage arising directly or indirectly from my participation in WGC Tour activities.

_____	_____
Participant's Signature Date	Participant's Signature Date
_____	_____
Participant's Name (please print legibly)	Participant's Name (please print legibly)
_____	_____
Organization, Company, Affiliation (print)	Organization, Company, Affiliation (print)