

wild earth Participant Agreement, Release & Assumption of Risk

In consideration of the services of Wild Earth Wilderness School, their agents, trustees, officers, volunteers, participants, employees, property and land owners, and all other persons or entities acting in capacity on their behalf (hereinafter referred to as "W.E."), I hereby agree to release, indemnify, and discharge W.E. on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that hiking, camping, and backpacking entails known and anticipated risks that could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Slipping and falling; falling objects; water hazards; exhaustion exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses, heat exhaustion); sunburn; dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure; and improper lifting or carrying.

Furthermore, W.E. employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless W.E. of any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of W.E.'s equipment or facilities, including such claims which allege negligent acts or omissions of W.E.

4. Should W.E. or anyone acting on their behalf be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such an injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

W.E. reserves the right to use any and all photographic, written, or video material of all participants taking part in programs for promotional or commercial purposes such as, but not limited to brochures, website, portfolio, picture sales, etc.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against W.E. on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

PARTICIPANT'S SIGNATURE

PRINT NAME

DATE

Parent or Guardian's Additional Indemnification
(Must be completed for participants under the age of 18)

In consideration of _____ ("Minor") being permitted to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless W.E. from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use of participation by Minor.

PARENT OR GUARDIAN'S SIGNATURE

PRINT NAME

DATE



Medical Evaluation & Emergency Contact

Participant's Name _____ Age _____ D.O.B. _____
 Male _____ Female _____
 Address _____ Primary Phone _____
 City _____ Secondary Phone _____
 State _____ Zip _____ Email _____

Parent or Guardian (if participant is under 18 years old) **Emergency Contact Person** (required for all participants)

Name _____	Name _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Primary Phone () _____	Primary Phone () _____
Secondary Phone () _____	Secondary Phone () _____

NOTE: If you have any medical condition that Wild Earth should be aware of, it is your responsibility to let us know of the existing condition prior to start of any program. This information will be held in confidence and used only to render assistance should the need arise.

PLEASE USE BACK OF THIS FORM IF YOU NEED MORE SPACE TO ANSWER ANY OF THE QUESTIONS BELOW.

- Do you wear: Contact Lenses? _____ or Hearing Aid? _____
- Do you have asthma of any sort? If so describe _____
- Do you have heart problems? If so describe _____
- Do you have high/low blood pressure? (circle one) if so describe _____
- Do you have any physical challenges or limitations that we should be aware of (such as past or existing injuries)?

- Are you currently on any medication? Please indicate medicine(s), dose(s) and reason(s) _____

- Are you allergic to any of the following: (describe reactions if so)
 Medication: (ex. penicillin, aspirin) YES NO _____
 Insect Bites: (ex. wasps, bees, spiders) YES NO _____
 Foods: (ex. peanuts, shellfish) YES NO _____
 Plants: YES NO _____
 Please list any other allergies: _____
- Do you have any specific food needs? _____
- Have you ever had frostbite? _____
- Is there any other medical or emotional condition that we should be aware of that may endanger, alter, or somehow limit your abilities to participate in any Wild Earth program? _____

- Name of Health Insurance Carrier: _____ Group Plan #: _____
- Family Physician: _____ Physician Phone: () _____

Provided parents or emergency contacts cannot be reached within reasonable time, I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that I am responsible for all charges in connection with care and treatment rendered during this period.

 PARTICIPANT'S or PARENT/GUARDIAN SIGNATURE PRINT NAME DATE