

Outdoor Program Liability Waiver

In consideration of being permitted to participate in the Outdoor Program, I hereby agree to the following waiver and release. I understand that outdoor activities involve inherent risks including, but not limited to, personal injury, property damage, or death. I voluntarily assume all such risks.

PARTICIPANT INFORMATION

Full Name	<hr/>
Date of Birth	<hr/>
Phone Number	<hr/>
Email	<hr/>
Emergency Contact Name	<hr/>
Emergency Contact Phone	<hr/>

RELEASE OF LIABILITY

I hereby release, waive, discharge, and hold harmless the organizers, their officers, employees, and agents from any and all liability, claims, demands, actions, or causes of action resulting from any damage, loss, injury, or death arising from participation in the program.

MEDICAL AUTHORIZATION

I authorize the program coordinators to obtain necessary medical treatment for me in the event of injury or illness, and agree to be financially responsible for all costs.

ACKNOWLEDGEMENT OF UNDERSTANDING

I have read this waiver and release and understand its terms. I understand that I am giving up substantial rights by signing it and sign it freely and voluntarily.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date
