

Participant/Family/Group Name: _____



Waiver of Liability and Release of Claims

Please read the following carefully, initial each bullet point and sign on back.

By registering for a Heard Natural Science Museum and Wildlife Sanctuary EcoAdventures program or activity, I acknowledge acceptance of this waiver of liability and release of claims.

Please initial in each blank:

_____ I am aware that the courses of activity that I am participating in include certain risks including but not limited to bodily injury, death, illness, loss or damage to personal property and other safety-related dangers.

_____ I understand that the unique character of the program includes certain risk that cannot be eliminated.

_____ I understand that canoeing and kayaking in bodies of water involves certain dangers, not all of which can be listed here. Among the more obvious and frequent are:

- Exposure to variable extremes in weather that may cause injury due to heat or cold, and which may result in itinerary changes.
- Exposure to capsizing, trees, rocks, bridge abutments, log jams, rope entanglement, current patterns, and other possible "in water" injury and entrapment.
- Unfamiliar terrain and routes where canoeists or kayakers could become separated from the group.
- Travel in remote locations with poor communications and inability to get rescue or medical assistance easily or quickly.

_____ I acknowledge other dangers not mentioned may exist.

_____ I assume responsibility for my own safety and loss or damage to personal property. I accept all of the risks and the possibility of death, personal injury, property damage and loss resulting from my involvement with the course, activity and/or trip I am taking with the Heard Natural Science Museum and Wildlife Sanctuary EcoAdventures Program.

_____ I understand that I am responsible for providing my own personal health and accident insurance.

_____ The Heard Natural Science Museum and Wildlife Sanctuary EcoAdventures Program has provided me with information pertaining to the risks involved, and I am voluntarily participating in these activities.

_____ I release and hold harmless the Heard Natural Science Museum and Wildlife Sanctuary EcoAdventures Program, its employees, staff, board of directors, members, instructors, volunteers, and their representatives from all claims as a result of my participation in these activities.

_____ I understand that instructors may be required to make decisions under difficult circumstances, and I give permission for instructors, staff and emergency personnel to make necessary first aid decisions in the event of accident, injury or illness.

_____ I agree to reimburse the Heard Natural Science and Wildlife Sanctuary EcoAdventures Program for any damage to their equipment if I fail to take reasonable care of the equipment placed in my care.

- _____ I understand the registration, cancellation and refund policies, and that I will not be reimbursed if I fail to complete a course, program or activity.
- _____ I understand that The Heard Natural Science and Wildlife Sanctuary EcoAdventures Program reserves the right to cancel the registration of any participant it determines to not meet the requirements for these activities.
- _____ I certify that I am physically fit to participate in this activity and have no medical conditions or needs other than those listed on the medical release form.
- _____ I confirm that I am 18 years of age or older and if not will have a parent or a guardian sign this waiver and release of claims.
- _____ I release The Heard Natural Science and Wildlife Sanctuary EcoAdventures Program, its officers, board members, employees, guides, agents, volunteers and representatives from any and all liability for any personal injury, death, property damage or loss I may suffer as a result of my participation in any of their trips, courses, activities or programs, for any cause whatsoever including negligence on the part of The Heard Natural Science and Wildlife Sanctuary EcoAdventures Paddle Program, its officers, board members, employees, guides, agents, volunteers and representatives whether such claim arises by contract, by tort, in equity or by reason of breach of a legal or statutory duty.
- _____ I confirm that I have read over this agreement before signing, that I understand it, and that it will be binding, not only to me, but also to my heirs, next of kin, executors, administrators and assigns.

Required Signature

My signature affirms that I have read and understood the release and liability waiver and accept full responsibility for participation of myself and/or my child or charge or organization in The Heard Natural Science and Wildlife Sanctuary EcoAdventures Program.

Participant's Name (printed) _____

Participant's Signature _____ **Date** _____

Participant's Name (printed) _____

Participant's Signature _____ **Date** _____

Participants under 18 years of age:

Participant's Name (printed) _____

Participant's Name (printed) _____

Participant's Name (printed) _____

Participant's Name (printed) _____

Parent/Guardian's Signature _____ **Date** _____

Name of Witness (printed) _____

Signature of Witness _____ **Date** _____