



Liability Release Form

Please send completed and signed form to:
Audubon Center of the North Woods
PO Box 530, Sandstone, MN 55072
Phone: 320-245-2648; Fax: 320-245-5272
Email: schools@audubon-center.org

Form MUST be signed for each individual before program participation

It is the school's/group's responsibility to collect signed liability releases from each adult participant and from a parent/guardian of each youth participant (if applicable) and submit all releases to the Audubon Center.

Assumption of Risk and Liability Release

Participant Name _____ Birthdate _____

School/Group Name _____

Participant is a: student parent teacher other _____

I will be participating / I authorize the above-named participant to participate in the program at the Audubon Center of the North Woods. I acknowledge and am aware that this program involves certain inherent risks which I expressly accept and assume. These risks may include (but are not limited to) physical injury, emotional injury, paralysis, permanent disability, illness, death or property damage due to inclement weather; walking on uneven trails; canoeing; cross country skiing; snowshoeing; rock climbing and belaying on an indoor climbing wall; a high ropes course activity; field trips to non-ACNW sites; and other peoples' actions. Following appropriate medical consultation, I have determined that my child's/my health is adequate to participate safely in this program (except as indicated on the Student or Adult Health Form). In the event of an emergency, I authorize treatment by emergency medical personnel. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

Accordingly, I hereby voluntarily release and forever discharge ACNW, including its directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them on behalf of myself and my children, from any and all liabilities to me with respect to injury, sickness, disease, loss or damage. This release applies to any and all liabilities to me or my estate of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these released liabilities, I or my estate will indemnify and hold harmless ACNW for all sums reasonably incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

By signing this document, I understand and agree that if I am hurt or if my 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 the parties being release on the basis of any claim for negligence. I have had enough time to read this agreement and consult with legal counsel if I so chose to do so. I understand that this activity may not be made available to me if I were to choose not to sign this release. I have read and understood this document and I agree to be bound by its terms.

Parent/Guardian or Participating Adult Signature _____ Date _____
(required)

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Please note: Failure to sign this form will prohibit you/your child from participating in all Audubon Center of the North Woods activities. You are invited to request more information about our programs, facilities, and policies at any time.

Audubon Center of the North Woods does not have permission to use any photos taken during the visit in publicity materials

I do not wish to receive information about the Audubon Center of the North Woods