



AUDUBON CENTER OF THE NORTH WOODS Liability Release Form

It is the school's responsibility to collect signed liability releases from each adult participant and from a parent/guardian of each student participant and submit all releases to the Audubon Center.

Assumption of Risk and Liability Release

Participant Name _____

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 am prepared to accept. These risks may include (but are not limited to) inclement weather; walking on uneven trails; canoeing; cross country skiing; snowshoeing; rock climbing and belaying on an indoor climbing wall; a low-ropes course activity; a high-ropes course activity; field trips to non-Audubon Center 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.

Accordingly, I hereby release the Audubon Center of the North Woods, including all of their personnel, agents, affiliates, staff and directors, 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 the Audubon Center of the North Woods for all sums reasonably incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

I authorize the Audubon Center to use any photos taken during the visit in publicity materials for the Audubon Center and understand my/my child's name will not be used.

_____ (your initials here)

Parent/Guardian or Participating Adult Signature _____

Address _____

City _____ State _____ Zip _____

Date _____

I am a (please check one of the following):

- Parent/Guardian who will not be attending the Audubon Center program.
- Parent/Guardian/Chaperone who will attend the Audubon Center program.
- Teacher/Staff Member of the participating school who will attend the Audubon Center program.