

ADULT LIABILITY RELEASE
AND MEDICAL AUTHORIZATION
FOR ENVIRONMENTAL EDUCATION AND CHALLENGE COURSE
PROGRAMS AT PRAIRIE WOODS ENVIRONMENTAL LEARNING CENTER

I, the undersigned, will be participating in activities at Prairie Woods Environmental Learning Center. I give permission for PWELC or the school or organization named below to provide transportation for emergency reasons. In the event of an emergency I authorize the administration of basic first aid. I also authorize appropriate treatment by emergency medical personnel.

By signing this release I agree that if I am injured in any way while participating in activities at PWELC, I voluntarily release PWELC, Kandiyohi County, the school or organization named below, as well as all of their personnel, staff and directors, from any and all liability for the injuries.

I understand and agree that this release applies to not only me but also my estate, heirs and assigns. In the event some other person or entity seeks compensation for these released liabilities, my estate or I, will indemnify and hold harmless PWELC, Kandiyohi County and the school or organization named below.

I understand that activities may include but are not limited to the following: the high ropes course with events up to 40 feet above the ground, climbing on an indoor climbing wall, hiking on uneven ground, exposure to dangerous weather and other natural conditions, walking on docks or boardwalks over open water, cross-country skiing, snow shoeing and canoeing. I am aware that participants may be injured while participating in these and other activities.

I have determined that I am fully medically capable of participating in the activities at PWELC.

I understand that photographs or video footage may or may not be taken of me while at PWELC. I give my permission for PWELC to use photographs or video for promotional purposes, including brochures or promotional video.

I have read this release; I understand it; and I fully agree to all of its terms.

Signature : _____ Date: _____

Name (print): _____

Address: _____

City: _____ Zip: _____

Name of school or organization visiting PWELC:
