



WOLF RIDGESM

ENVIRONMENTAL LEARNING CENTER

Assumption of Risk and Liability Release

Participant's Name: _____ Birth Date: _____

School/Group Name: _____

Participant is a: student parent teacher other _____

As a parent/guardian of the above named child in the above noted group at Wolf Ridge ELC, I acknowledge and am aware that this program involves certain inherent risks which I accept. These risks may include injuries relating to, but not limited to, walking on uneven trails with elevation gains of up to 500 feet in various weather conditions, canoeing (spring, summer and fall), cross country skiing and snowshoeing (winter), rock climbing and belaying, and participating in a high ropes course activity, weather and other peoples' actions. Following appropriate medical consultation, I hereby certify that my child is fully capable of participating in the activities. In the event of an emergency, I authorize treatment by school/group staff, Wolf Ridge staff, and emergency medical personnel.

Accordingly, I hereby release the above noted group and Wolf Ridge ELC, including all of their personnel, agents, affiliates, staff and directors, from any and all claims and liabilities with respect to injury, sickness, disease, loss or damage sustained by the above named child. 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 above noted group and Wolf Ridge ELC for all sums incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

I authorize Wolf Ridge ELC to use any photos and videos taken during the visit to Wolf Ridge in publicity materials for Wolf Ridge ELC.

Parent/Guardian Signature _____ Date _____

SIGNER NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

EMAIL _____