



**The Way Foundation
EarthTeach Forest Park**

**Agreement to Participate;
Express Acceptance of Responsibility**

I, the undersigned, have read the above explanation of risks and dangers and fully realize that participation at EarthTeach Forest Park can be a dangerous activity involving the risk of injury and death.

I am aware that my participation in activities at EarthTeach Forest Park--and/or the participation of my ward(s)--entails risk for which EarthTeach and the Way Foundation cannot be held responsible. I acknowledge the fact that The Way Foundation does not provide or carry medical insurance for its staff or participants in EarthTeach events and has in no way represented that such coverage is in place or may be provided.

In recognition of the inherent risks of the activity, which I (and/or any minor children for which I am responsible) will engage in, I confirm that I am (they are) physically and mentally capable of participating in the activity and using the equipment.

I agree to be responsible for my own physical and emotional well being during the program I am attending and promise to inform one of the leaders if at any time I experience any physical sensation or emotional discomfort which I consider to be out of the ordinary or that is otherwise alarming to me.

I understand the dangers and potential risk presented by outings at EarthTeach Forest Park and hereby declare that I (we/they) participate willingly and voluntarily and that I expressly assume full responsibility for personal injury, accidents or illness (including death) as well as responsibility for damage to or loss of my personal property as a result of any accident that may occur thereon.

Because of these dangers, I realize the advisability of following the instructions of leaders at all times and agree to respond positively and quickly to such guidance. Moreover, I recognize my obligation to ask questions to satisfy myself about possible hazards and about precautions and recommended procedures.

Signature of Participant

Participant's Printed Name (or guardian on behalf of)

Date:

Address and Phone number