



## ACKNOWLEDGMENT OF RESPONSIBILITY

**Informed Consent:** I acknowledge that I have been given the opportunity to participate in Philip Folsom Programs, LLC / Wolf Tribe activities. There are significant elements of risk in any activity associated with outdoor adventures. Although we have taken reasonable steps to provide you with appropriate equipment and/or skilled guides so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk.

**Assumption of Risk and Responsibility:** I am aware that this activity entails risks of injury to myself and others for whom I may be responsible. I agree to assume responsibility for the risks identified herein and those risks not specifically identified, even if arising from the negligence of the releases or other, and assume full responsibility for my participation. My/Our participation in this activity is purely voluntary. No one is forcing me/us to participate. I am (we are) physically and mentally capable of participating in the activity and/or safely using the equipment. I assume full responsibility for the risks of personal injury, accidents or illness, including but not limited to sprains, torn muscles and/or ligaments; scrapes, abrasions, and/or contusions; dehydration, insect bite or attack, and any resultant expenses from any of the foregoing risks. I also assume responsibility for damage to or loss of my/our personal property as the result of any accident that may occur.

**Covenant of Good Faith:** I recognize that you, as provider of goods and/or services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity or refuse or terminate the participation of any person for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

**Authorization:** I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

**Acknowledgment:** "In consideration of services of Philip Folsom Programs, LLC / Wolf Tribe, their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses, I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself for bodily injury, loss of personal property, and expenses as a result of those risks and dangers, both known and unknown, and as a result of my/our negligence in participating in this activity."

**Location and Hosts:** This Acknowledgment of Responsibility shall also run to the benefit of the host location (Wilshire Boulevard Temple – Camp Hess Kramer/Gindling Hilltop, Mountains Recreation and Conservation Authority – Temescal Gateway Park, City of Culver City, and any other Philip Folsom Programs, LLC / Wolf Tribe host location), its staff and any principals affiliated with the host location.

**I HAVE READ THE FOREGOING ACKNOWLEDGMENT OF RISK, ASSUMPTION OF RISK, RESPONSIBILITY AND FULLY UNDERSTAND ITS TERMS.**

Participant's Name:

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Age:

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Participant's Signature:

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Date:

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In an Emergency Notify:

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Emergency Phone:

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Parent/Guardian Signature:

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Emergency Email:

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