



****REQUIRED FOR ALL PARTICIPANTS****

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS

RELEASE AND INDEMNIFICATION

Definitions

I understand that the term **NatureBridge** as used in this document means and includes NatureBridge, Yosemite Institute, Headlands Institute, Olympic Park Institute, Santa Monica Mountains Institute and each of their current and former officers, directors, employees, agents, contractors, and affiliated or related entities; the term NatureBridge means and includes any employee or agent of **NatureBridge**; the term **"I"** means and includes any participant 18 years or older, or the parent or legal guardian of any participant who is younger than 18 years of age; and the term **"Program"** means the NatureBridge program in which a participant has enrolled.

Acknowledgment and Assumption of Risks

I understand that during my participation in this Program, I may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, environmental risks and hazards, including rapidly moving, deep, or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Activities vary from program to program, and may include hiking, stewardship activities (eg: plant removal, trail maintenance), backpacking, skiing, snowshoeing, or canoeing. Some programs involve travel in NatureBridge vehicles driven by NatureBridge employees. Possible injuries and illnesses include hypothermia, frostbite, high altitude illnesses, sunburn, heatstroke, dehydration, musculoskeletal injuries, and other mild or serious conditions or injuries. Emergency evacuations and medical care may be delayed due to the remote locations where Program activities take place.

I understand that this description of the risks involved is not complete, and that other unknown or unanticipated risks may result in property loss, injury, or death. As a condition of my participation in the Program, I agree to assume full responsibility for all the risks that such participation may entail. My participation in this Program is entirely voluntary, and I elect to participate with full knowledge of the inherent risks.

Consent to Medical Treatment

I understand that if I become ill or injured during the course of the Program and am unable to give my consent to any medical treatment that a licensed physician and/or dentist deems necessary, NatureBridge will make a reasonable attempt to obtain consent for treatment from the Emergency Contact(s), that I have provided, before such treatment is commenced, unless my condition is such that treatment cannot be delayed for that purpose. If treatment cannot be delayed, then I hereby consent to such treatment as a licensed physician or dentist determines is necessary.

Release and Indemnification

In consideration of my participation in the Program and the services and amenities provided by NatureBridge, I VOLUNTARILY AGREE TO (1) RELEASE, DISCHARGE, AND HOLD HARMLESS NATUREBRIDGE, TO THE FULLEST EXTENT PERMITTED BY LAW, FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, LOSSES, OR LIABILITIES, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR PERSONAL INJURY OR DEATH, EVEN IF CAUSED BY THE NEGLIGENCE OF NATUREBRIDGE (but not its willful or wanton misconduct), ARISING OUT OF OR IN ANY WAY CONNECTED TO THE PROGRAM OR MY PARTICIPATION IN THE PROGRAM; and (2) indemnify and defend NatureBridge, to the fullest extent permitted by law, from and with respect to any and all claims, demands, liabilities, damages or costs, even if caused by the negligence of NatureBridge (but not its willful or wanton misconduct), arising out of or in any way connected with the Program, or my participation in the Program, or occurring during the inclusive dates of my attendance at the Program, and/or from any medical treatment I may receive during the Program.

Other Provisions

NatureBridge and persons designated by it may use my photograph, or any video, writing, artwork and/or testimonials created by me and submitted to NatureBridge. It shall become the property of NatureBridge, and may be used by NatureBridge, at its discretion, for its own marketing and/or development purposes, and I hereby consent to and authorize such use without restriction.

Agreement

- I have had the opportunity to ask NatureBridge any questions I may have about the Program in which I am enrolled, and any questions have been answered to my satisfaction.
- I understand that during some parts of the Program, I will be under the supervision of teachers, chaperones, or other adults who are not NatureBridge Staff. I understand the selection of these adults is the sole responsibility of the school and not NatureBridge.
- I understand that this document is intended by NatureBridge to have as broad an effect as the law permits, and that if any part of this document is found to be invalid for any reason, the remainder of the document shall remain valid and fully enforceable.
- I have carefully read and I understand this entire document, and I am signing it voluntarily.

Name of Participant _____

At least one parent (preferably both) or guardian must sign below if the student is under 18 years of age to reflect their understanding and agreement, for themselves and on behalf of the student, to the provisions of the definitions, acknowledgment and assumptions of risks, consent to medical treatment, release and indemnification, other provision, and agreement.

_____/_____/_____
Parent or Guardian Signature Date Parent or Guardian Signature Date