



# Liability Release Form

Please mail or fax to:  
Audubon Center of the North Woods  
PO Box 530, Sandstone, MN 55072  
Fax: 320-245-5272

## *Form MUST be signed before student can participate*

*It is the school's/group's responsibility to collect signed liability releases from each adult participant and from a parent/guardian of each student participant and submit all releases to the Audubon Center.*

### **Assumption of Risk and Liability Release**

Participant Name \_\_\_\_\_

I will be participating /  I authorize the above-named participant to participate in the program at the Audubon Center of the North Woods. I acknowledge and am aware that this program involves certain inherent risks which I expressly accept and assume. These risks may include (but are not limited to) physical injury, emotional injury, paralysis, permanent disability, illness, death or property damage due to inclement weather; walking on uneven trails; canoeing; cross country skiing; snowshoeing; rock climbing and belaying on an indoor climbing wall; a high ropes course activity; field trips to non-Audubon Center sites; and other peoples' actions. Following appropriate medical consultation, I have determined that my child's/my health is adequate to participate safely in this program (except as indicated on the Student or Adult Health Form). In the event of an emergency, I authorize treatment by emergency medical personnel.

Accordingly, I hereby voluntarily release and forever discharge the Audubon Center of the North Woods, including all of their personnel, agents, affiliates, staff and directors, from any and all liabilities to me with respect to injury, sickness, disease, loss or damage. 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 Audubon Center of the North Woods for all sums reasonably incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

By signing this document, I understand and agree that if I am hurt or if my property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being release on the basis of any claim for negligence. I have had enough time to read this agreement and consult with legal counsel if I so chose to do so. I understand that this activity may not be made available to me if I were to choose not to sign this release. I have read and understood this document and I agree to be bound by its terms.

Parent/Guardian or Participating Adult Signature (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_

I am a (please check one of the following):

- |  |   |
|--|---|
| <input type="checkbox"/> Participant of legal age/adult.                                       | <input type="checkbox"/> Parent/Guardian/Chaperone who will attend the Audubon Center program.                              |
| <input type="checkbox"/> Parent/Guardian who will not be attending the Audubon Center program. | <input type="checkbox"/> Teacher/Staff Member of the participating school/group who will attend the Audubon Center program. |

#### **Select one below (required):**

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, I authorize the Audubon Center to use any photos taken during the visit in publicity materials for the Center and understand my/my child's name will not be used. | <input type="checkbox"/> No, I do not authorize the Audubon Center to use any photos taken during the visit in publicity materials |
|---|--|

\_\_\_\_\_ (Parent/Guardian or Participating Adult Signature required)