

Informed Consent and Release of Liability

This agreement must be completed in full, signed, and dated before the participant may participate in any programs/events/workshops offered by the *Save Our Old Forests (SOOF) Association*.

During this program, participants will participate in outdoor activities, hiking and field observations. Participants are required to supply their own food, water, sun protection, and clothing. Our workshops are a wonderful way to connect to nature, learn more about our forests and interact with the community, but it is not without certain risks, dangers, hazards, and liabilities to participants. These include, but are not limited to:

- cuts, scrapes and bruises;
- strained or sprained wrists, ankles, knees or elbows;
- broken bones;
- concussion; and
- other serious injury, including death.

Anyone taking part in the program is required to accept these and other risks as a condition of their participation in this venture.

Participants will be required to sign the Informed Consent and Release of Liability below, which would release *SOOF*, and their representatives from any future claims which might arise as a result of program/workshop/event participation.

I, _____ (please print)

1. Acknowledge that certain risks of injury are inherent to participation in *SOOF*'s events/programs/workshops and understand that serious injury, and even death, is possible in any outdoor situation.
2. Release and forever discharge and hold harmless *SOOF* (the "Organizers") and their respective staff, employees, agents, representatives, successors and assigns (collectively the "Releases") of and from any and all liability, claims, demands, damages, costs, expenses, legal costs, actions, and causes of action (collectively, the "Claims") in respect of death, injury, loss or damage to the Participant, arising or to arise by reason of, and/or during, my participation in the event/program/workshop.
3. Consent to any Releasee administering, or consenting to the administration of, such emergency medical care to the participant as such person deems appropriate in the circumstances; including transportation to a medical facility by ambulance, as deemed necessary, at my expense.
4. Understand and acknowledge that the Organizers do not carry or maintain medical or disability insurance coverage for participants and therefore agree to assume responsibility for my own insurance coverage.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT AND THAT IT CONTAINS A RELEASE OF LIABILITY.

Name of Participant

Signature

Date