

Orenda Springs Experiential Learning Center

Assumption of Risk, Waiver of Liability Medical Authorization and Publicity Consent

Orenda Springs offers adventure-based experiential learning activities at our center and at other locations that may include but are not limited to: horseback riding, horse activities, hiking, camping, mountain biking, cross-country skiing, orienteering, low and high ropes course elements, rock-climbing, caving, canoeing, and kayaking. These activities can be physically demanding and offer inherent risks. I acknowledge and accept that the nature and location of outdoor/wilderness activities can compound the difficulty of emergencies or delay medical care. I accept responsibility for deciding if any pre-existing medical condition should limit my participation in these activities. It is not possible to anticipate all risks that could occur during this activity, but I accept all risks that could cause injury and death. If I am uncomfortable with engaging in any event or do not understand the instructions for any event, I will inform a facilitator, and will not participate in that event.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Orenda Springs, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, including claims arising from transportation to and from the activity, to the fullest extent permitted by law. I agree to pay all costs, legal expenses and adverse judgments incurred by Orenda Springs for any claim or lawsuit that I may file or is filed by anyone else on my behalf.

In the event of any suspected injury or medical condition that requires immediate attention, I consent to treatment by Orenda Springs and its facilitators. If treatment becomes necessary, I agree to pay for any such treatment, including treatment received from any other health care provider, and including the cost of transportation to a medical facility.

I acknowledge that Orenda Springs may utilize photographs that may be taken of me or statements that I may make during the activity for promotional or educational purposes. I consent to this use and waive all rights to compensation. In consideration for participation in this activity, I agree to the terms above. I understand that this is a binding legal document.

If any part of this agreement is deemed unenforceable, it is the intent of the parties herein that the remainder of the agreement continue in full force and effect.

School, Company or Organization Name: _____

Participant's Name (print): _____ DOB: _____

Parent/Guardian Signature if under 18 years of age: _____ Date: _____

Parent/Guardian Name (print): _____ email: _____

Phone Numbers (Home) _____ (Work) _____ (Cell) _____

Name of Emergency Contact: _____ Phone: _____

Medical conditions of participant (ex: medications, allergies, asthma, heart, back problems, etc.)
