

**OUTDOOR WILDERNESS LEARNING CENTER AGREEMENT TO PARTICIPATE
ASSUMPTION OF RISK AND RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING**

Whereas, the Undersigned (sometimes referred to as the Applicant/Participant) wishes to be accepted for participation in an outdoor experience to be organized and conducted by the staff of the OUTDOOR WILDERNESS LEARNING CENTER (OWL Center); and in consideration of the staff of the OWL Center allowing the Applicant to participate in such experience:

The undersigned acknowledges that during the said experience the applicant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of traveling uneven terrain, depending on other people, being at various heights (ground to 40'), accident or illness, the forces of nature and travel by automobile, boat, bicycle or other conveyance. The undersigned further recognizes these risks may also include loss or damage to personal property, physical or psychological damage and/or injury including fatality due to accidents which may occur, including accidents resulting from challenge course experience or other outdoor experiences. I understand that inappropriate or hazardous behavior (e.g. "horseplay") is not allowed. I further understand that the activities I (my child) am (is) requesting to participate in, I (he / she) will be exposed to the effects of altitude and the elements of nature, including temperature extremes, and inclement weather. Please note that the OWL Center staff reserves the right to deny any applicant the right to participate at any time due to behavior we deem unsafe.

I certify I (my child) am (is) completely healthy (both physically and emotionally) and capable of participating in this outdoor experience. I have listed on the accompanying Health Statement Form any medical condition the staff of the OWL Center should be aware of which may hinder my (my child's) participation. **However, I understand it is solely my responsibility to determine whether there is any medical reason that I (my child) should not participate in this outdoor experience.**

In consideration of, and as I have made payment for the privilege to participate in such an experience arranged for me by the staff of the OWL Center, I have and do hereby assume all the above risks. I have and do assume any other risk incidental to the nature of the said experience whether or not foreseeable, and will hold the OWL Center, its staff and its owner, Louisiana United Methodist Children and Family Services Inc., its employees or representatives, harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I (my child) now have (has) or which may arise from or in connection with my (my child's) participation. In short, I cannot sue the OWL Center, its staff or its owner, Louisiana United Methodist Children and Family Services Inc., its employees or representatives. I also state I am not under, and I (my child) will not be under the influence of any chemical substance including alcohol. I fully understand my (my child's) physical activity involves risk of injury. I also understand my (my child's) participation in this outdoor experience is entirely **VOLUNTARY**. I take full responsibility for my (my child's) decision to participate or not to participate and I (my child) agree(s) to follow all safety instructions.

I hereby grant the OWL Center permission to use my (my child's) likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

Special COVID-19 Risk Statement:

COVID-19 poses a significant risk to OWL Center guests, volunteers, and staff. Infection control measures are in place for the protection of you, LMCH residents, and our staff as part of our commitment to health, safety, and well-being. Nevertheless, face-to-face interaction presents an unavoidable risk of exposure to COVID-19 that must be minimized to the extent possible by social distancing, wearing masks, frequent hand washing, and any other available safety measures. By signing below, you acknowledge the inherent risks concerning COVID-19 and knowingly choose to visit the OWL Center under these conditions.

Name of Applicant / Participant _____

Signature of Applicant (eighteen years of age and older) _____ Date _____

Signature of Parent or Guardian (if under eighteen years of age) _____ Date _____

Signature of Witness _____ Date _____