

**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 (O.W.L. Center); and in consideration of the staff of the O.W.L. Center allowing the Applicant to participate in such experience:

The undersigned acknowledges that during the said experience that the Applicant or Participant 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 that 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 this challenge course experience or other outdoor experiences. I further understand that in participating in 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.

I certify that 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 that the staff of the O.W.L. Center should be aware of which may hinder my (my child's) participation this experience. **However, I understand that 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 O.W.L. 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 O.W.L. 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 said outdoor experience. In short, I can not sue the O.W.L. Center, its staff or its owner, Louisiana United Methodist Children and Family Services Inc., its employees or representatives. I also state that I am not under, and I (my child) will not be under the influence of any chemical substance including alcohol. I fully understand that my (my child's) physical activity involves risk of injury. I also understand that 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.

\_\_\_\_\_  
Group Name

\_\_\_\_\_  
Name of Applicant / Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
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