

Adult Liability Release

Wolf Ridge ELC

(REQUIRED DOCUMENT)



A signed liability release is a requirement for each participant/attendee. It is the school/group's responsibility to collect signed liability releases from each child and adult attending Wolf Ridge and to give to your liaison upon arrival at Wolf Ridge.

Please use the following Liability Release form.
It can also be found at www.wolf-ridge.org/programs/general_liability_release.pdf

Assumption of Risk and Liability Release

Adult's Name _____

As a visiting and/or participating adult in the _____ program at Wolf Ridge ELC,
Name of School/Group
I acknowledge and am aware that this program involves certain inherent risks which I accept. These risks may include injuries relating to, but not limited to, walking on uneven trails with elevation gains of up to 500 feet in various weather conditions, canoeing (spring, summer, and fall), cross country skiing and snowshoeing (winter), rock climbing and belaying, participating in a high ropes course activity, weather and other peoples' actions. Following appropriate medical consultation, I have determined that my health is adequate to participate safely in this program. In the event of an emergency, I authorize treatment by school/group staff, Wolf Ridge staff, and emergency medical personnel.

Accordingly, I hereby release _____ and Wolf Ridge, including all of
Name of School/Group
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 _____ and Wolf Ridge for all sums incurred in response to that claim. This release
Name of School/Group
is to be interpreted and enforced under Minnesota law.

I authorize Wolf Ridge to use any photos and videos taken during the visit to Wolf Ridge in publicity materials for Wolf Ridge.

Adult's Signature _____ Date _____

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

EMAIL _____