

Liability Release



Starting in the fall of 2004 our insurance is requiring a signed liability release from each participant. It is the school'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/teacher_res/forms/i_forms.html

Assumption of Risk and Liability Release

Participant Name _____

Please check one of the following:

- As parent/guardian of the above named child
- As a participating adult

I give my permission for above named participant to participate in the _____
program at Wolf Ridge ELC. I acknowledge and am aware that this program involves certain inherent risks which I am prepared to accept. These risks may include, but are 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 only), rock climbing and belaying on an indoor climbing wall, participating in a high ropes course activity, weather and other peoples' actions. Following appropriate medical consultation, I have determined that my child's/my health is adequate to participate safely in this program. In the event of an emergency, I authorize treatment by emergency medical personnel.

Accordingly, I hereby release _____ and Wolf Ridge, including all of 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 reasonably incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

I authorize Wolf Ridge to use any photos taken during the visit to Wolf Ridge in publicity materials for Wolf Ridge. _____ Initial Authorization.

Parent/Guardian or Participating Adult Signature _____ Date _____

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

- I am a parent/chaperone.
- I am a group leader/support staff.
- I did not attend the Wolf Ridge Program