Participant Name:



LIABILITY WAIVER AND RELEASE

Name of Participant:	/ Birth date://
Parent/Guardian Name (if applicable):	
Address:	
Phone Number: (Home)	(Cell)
PLEASE READ & SIGN WAIVER: As part of the consider	ration tendered for myself (or my child/ward,
having not attained the age of 18):	
Details of Activity	
1.) The Participant will participate in the following	Activity or Activities:
	on .

I recognize and acknowledge that there are risks associated with the aforementioned Activity or Activities, and I should not engage in the aforementioned Activity or Activities unless medically able to do so. I agree (on behalf of myself and minor child/ward) to wear appropriate clothing and/or utilize appropriate safety equipment. I assume all risks associated with the aforementioned activity or activities including but not limited to; falls, trips, struck by, struck against, compressed in, caught in between, entangled, rubbed, abraded or jarred by vibration from equipment or materials, trail and water conditions, traffic, effects of weather, contact with other participants or the natural environment, misuse or failure of equipment, drowning, and collision with another craft, person, or object in the water. I waive all claims that I might have based on any of those and other risks typical in this type of Activity or Activities. I understand that neither Wild You, nor any of its supporting or affiliated organizations, assume any responsibility or liability with respect to my (or my child/ward) participation in this Activity or Activities.

I agree and hereby waive (on behalf of myself and my child/ward) all claims against, and agree to fully release, hold harmless, and indemnify Wild You, its officers, employees, agents, sponsors, and volunteers (the "Releasees") from any and all claims or liabilities of any kind relating to any illness, injury, including loss of life, property damage, or loss of any other description which I (or my child/ward) may sustain arising out of, or any way associated with, my participation (or my child's/ward's participation) in this Activity or Activities, even though liability may arise out of the negligence or carelessness of the Releasees.

I also agree to be responsible any equipment owned or provided by Wild You that is utilized in the Activities, and I will pay the replacement value of the item that is lost, stolen, or damaged as a result of any negligent, reckless or willful actions by me (or my child/ward). If payment was made by credit card, I understand this cost will be charged to my credit card.

Participant Name:



Authorization and Consent to Treat

I am aware Wild You staff/volunteers may provide support for this Activity or Activities, including but not limited to the administration of: first aid, CPR (cardiopulmonary resuscitation), or the use of an AED (automated external defibrillator). I authorize any such staff/volunteers to assist me (or my child/ward) and/or to provide such assistance as, in the opinion of such person may be necessary or appropriate. In the event of injury or illness, I authorize on behalf of myself (or my child/ward, having not attained the age of 18) Wild You to obtain first aid and/or medical treatment at the nearest and most adequate facility of Wild You's choice.

Photo and Video Release

Your Name:

I hereby authorize Wild You to use, reproduce, and/or publish photographs and/or video that may pertain to me (or my child/ward, having not attained the age of 18) — including my (or my child/ward) image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), multimedia exhibits or for other related endeavors. This material may also appear on Wild You's or project sponsor's Internet Web Page and/or digital social media services. I release Wild You from liability for any claims, where such claims arise out of or relate to Wild You's use of a photographs or videos.

It is agreed that this document shall be interpreted according to the laws of the State of Ohio. By signing this document, I acknowledge that I have completely read and fully understand the above waiver, releases, authorization and consent and agree to be bound thereby. (If the participant is under 18 years of age, the parent/guardian must sign).

Signature: (If under 18, parent or guardian must sign)	
Emergency Contacts	
Emergency Contact 1:	_ Relation:
Emergency Address:	
Emergency Phone #:	
Emergency Contact 2:	Relation:
Emergency Address:	
Emergency Phone #:	