



Howell Nature Center

1005 Triangle Lake Rd. Howell, MI 48843 Office # 517-546-0249 Fax # 517-546-1677 www.howellnaturecenter.org

ADULT ASSUMPTION OF RISK AND WAIVER OF ALL LIABILITY

Name _____ Age _____ Birth Date (Month/Year) _____
Address _____ City _____ State _____ Zip _____
Cell Phone _____ Work Phone _____ Today's Date _____

I fully realize that participation in the high ropes, low ropes, initiatives, obstacle, zip line tower, wall climbing courses ("Courses"), Global Village, activities and all Environmental Education classes involves psychologically and physically challenging situations and that my participation in the same could result in sprains, cuts, rope burns and/or abrasions or more serious injury. I acknowledge that the Howell Nature Center ("HNC") has/will informed me of all required safety regulations and that my failure to follow the regulations and instructions may result in serious injury.

I understand that a physician should be consulted before participation in these courses if I have one of the following conditions: are pregnant, have a back condition, high blood pressure or a heart condition. I understand that an inhaler for exercise induced asthma, an Epi-pen for severe insect allergies or any other medication needed for a chronic medical condition should be brought with me to the challenge courses. I acknowledge that my participation in the courses means I accept the dangers that are open, obvious and necessary to these activities.

In consideration for the right to participate in the courses, activities and classes, I individually and collectively for myself, my heirs, executors, administrators and assigns **do waive and release any and all claims by me or on behalf of me for property loss, personal injury, emotional distress, wrongful death, product liability, strict liability and/or negligent rescue which may incur against the Howell Nature Center, (HNC), its sponsors, agents, representatives, board members, employees, contractors and suppliers for any and all damages which I might sustain and suffer in connection with my participation in the courses at HNC.**

The HNC has my permission to secure emergency care for me if necessary. I accept full responsibility for the cost of any treatment for any injury suffered while participating in the courses.

AUTHORIZATION FOR AUDIO/VISUAL RECORDS

I understand that the Howell Nature Center may take certain reasonable recording of this camping event. I hereby authorize the HNC to have and use reasonable photographs, video, and audio/video records of my child for purposes of legitimate HNC records, public relations, and/or advertising.

MEDICAL STATEMENT

I recognize that climbing can be a strenuous endeavor requiring me to be in good physical condition.

I am listing below those conditions I have that could restrict my participation in the Challenge Courses.

Medications currently taking: _____

I further certify that to the best of my knowledge, I attest that I have disclosed all information that could restrict my participation in this activity.

PARTICIPANT'S SIGNATURE _____

DATE _____