



# PARTICIPANT WAIVER, RELEASE & INDEMNITY AGREEMENT

## LOW AND HIGH ROPES COURSE & ELEMENTS WOLF SCHOOL AT MONTE TOYON CAMP/UCCR

PARTICIPANT NAME \_\_\_\_\_ DATE(S) OF ACTIVITY \_\_\_\_\_

PARTICIPANT ADDRESS \_\_\_\_\_

PARTICIPANT PHONE NUMBER \_\_\_\_\_ AGE OF PARTICIPANT \_\_\_\_\_

- I wish to participate in the low or high ropes course activity at the Web of Life Field (WOLF) School at Monte Toyon Camp and Conference Center/United Camps, Conferences and Retreats. As a condition of my being allowed to do so, I hereby voluntarily and absolutely release and discharge the Web of Life Field (WOLF) School, Monte Toyon Camp, United Camps, Conferences, and Retreats, and its constituent organizations and their offices, agents and employees, from any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death that I may suffer as a result of my participation in the low or high ropes course activity or occurring by the use of facilities or equipment; whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individuals named above.
- I hereby warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor or dentist within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor or dentist.
- I agree to abide by the rules and regulations governing the low and high ropes activity and to obey any instructions given by the person or persons having supervision and control over the low and/or high ropes activity.
- I will indemnify and hold harmless the Web of Life Field (WOLF) School, Monte Toyon Camp, United Camps, Conferences, and Retreats and its officers, agents, servants or employees from any and all claims or causes of action by myself or by any other person or entity, and under no circumstances will present any claims against said organization and said persons for personal injury, property damage, wrongful death caused by any act of negligence by the Web of Life Field (WOLF) School, Monte Toyon Camp, United Camps, Conferences, and Retreats and its officers, agents, servants or employees. I authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I waive any right to compensation thereof or any right that I otherwise might have to limit or control such making or use.

I agree to one of the following (please check one):

\_\_\_\_\_ I warrant and represent that I am 18 years of age or over, and am fully aware of and understand the terms and legal consequences of the signing of this waiver and release. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

SIGNATURE OF PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ I warrant and represent (child's name) \_\_\_\_\_, a minor under the age of 18 years old and am fully aware and understand the terms and consequences of the signing of this waiver and release. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

NAME OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF MINOR PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_

### Web of Life Field (WOLF) School Contact Information

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