

Wellness Within
Nature Walks Release of Liability Agreement
For Adult & Minor Participants

Wellness Within is a non-profit mind body medicine wellness center. References to Wellness Within (WW) include the Wellness Within center, its Board, employees, volunteer workers, agents and assigns.

I, _____, freely choose to participate in the Wellness Within Nature Walks
(Name)
weekly and/or monthly for the year 2013.

I understand that the WW Nature Walks may include several activities, and that as part of these activities, WW may make certain facilities available to me. Some activities may take place on campus, and other activities may take place off-campus.

I understand that WW is not an agent of, and has no responsibility for, any third party which may provide any services including food, lodging, travel, or certain equipment associated with the Nature Walks.

Activities may include loops, out-and-backs, figure eights, or a combination of shapes. I recognize strenuous activity is subjective but accept the probability I will step, bend, and navigate uphill & downhill on uneven surfaces.

Participation in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself, and that I shall discuss the suitability of such activity with my physician and/or health care providers. I understand that it is my responsibility to know what personal equipment is required (such as footwear, clothing, and other personal equipment) and provide that proper personal equipment for my participation in the Nature Walks, and to ensure that it is in good and suitable condition. I agree to ask questions to make sure that I know how to safely participate in the activity, and I agree to observe the rules and practices, which may be employed to minimize the risk of injury while pursuing the benefits of the activity. I agree to advise the activity coordinator immediately if I do not believe I can safely continue in the activity. I agree to reduce the risk of injury to myself and/or others by limiting my participation to reflect my personal fitness level, by wearing the proper protection as dictated by the activity, by not wearing anything that would pose a hazard in the pursuit of the activity, and/or by not ingesting or using any substance during the activity which could pose a hazard to myself or others. I agree that if I fail to act in accordance with this agreement that I may not be permitted to continue to participate in the activity.

Despite precautions, accidents may occur. I understand that participation in some of the activities of the WW Nature Walks may be potentially dangerous, and that I may be injured and/or lose or damage personal property as a result of participation in the Nature Walks.

Therefore, **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including but not limited to:

- Death, injuries of any nature which may be permanent or temporary, or illness from accidents which may occur as a result of participating in an activity or contact with equipment, physical surroundings or other persons.
- Theft or loss of my personal property while in transit or during the Nature Walks.
- Natural disaster or other disturbances, and alteration or cancellation of the Nature Walks due to such causes.

My signature below indicates that I have read and freely signed this agreement, which shall take effect as a sealed instrument.

IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING

*Participant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name Printed: _____

Address & Tel. No.: _____
(Required if Witness is not a WW volunteer or staff)