

**DEFIANCE SOIL AND WATER CONSERVATION DISTRICT
2019 PENNEY NATURE CENTER CONSERVATION CAMP**

ACKNOWLEDGEMENT ~ RELEASE OF LIABILITY

I am aware that participation in outdoor conservation education experiences and other activities with the Defiance Soil and Water Conservation District may be hazardous to one's health and safety, and we are voluntarily participating in these activities with full knowledge of the dangers involved and hereby agree to accept any and all risks of property damage, personal injury, and/or death.

In consideration of our participation, I hereby release Defiance County, the Defiance County Board of Commissioners, the Defiance Soil & Water Conservation District, and/or any of their respective officers, employees, and any or all of the above's agents, and/or volunteers from any present and future claims, including but not limited to: negligence, property damage, personal injury, or wrongful death, arising from our participation.

Furthermore, I hereby voluntarily waive any and all claims, both present and future, arising from our participation, including but not limited to negligence, property damage, personal injury, and wrongful death.

I understand that our participation involves certain risks (involving but not restricted to: health, safety, vehicular travel, etc.), including but not limited to: negligence, property damage, personal injury, wrongful death, and the possible reckless or negligent conduct of others.

I further understand that the activity may be remote from available medical assistance, and nonetheless agree to proceed with such activity in spite of the possible absence of medical assistance. I also understand that the foregoing named parties will provide no equipment for my protection in order to prevent injuries, and that our own safety is our personal concern.

I consent to and authorize Releasees to photograph and/or videotape us while participating in the activity. I waive any and all rights to such photographs and/or videotapes and waive any and all rights to privacy of the images captured on such photographs and/or videotapes.

I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies that may be available to my child and me.

Although this Agreement was drafted on behalf of the foregoing parties, the undersigned Participant has read this document and thoroughly understands the terms and conditions, and agrees that this Agreement shall not be unreasonably construed against the drafter.

Date

Participant's Name

Parent/Custodian/Guardian ---- PLEASE PRINT

Address

Parent/Custodian/Guardian ---- SIGNATURE

City, State & Zip Code

Emergency Telephone Contact

Emergency Telephone Contact