

## River's Way Program Release

**Participant's Name (print):** \_\_\_\_\_

**School:** \_\_\_\_\_ **Program Dates:** \_\_\_\_\_

I understand that River's Way programs may involve fitness exercises, indoor games and team building, gardening, food preparation and serving, outdoor games, swimming and hiking outdoors and may expose participants to risks. I understand that River's Way utilizes the highest standards, professional staff, and all necessary safety equipment to ensure participant safety. However, the possibility exists that participants may experience personal injury or illness. Should my child sustain a personal injury, I hereby authorize any medical treatment which may be advised and/or recommended by River's Way staff and /or an attending physician. In recognition of the above, I hereby release River's Way and its employees from all claims and liability arising from participation in the program. I further agree to hold harmless and indemnify River's Way and its agents for all defense costs, including attorney's fees, and any other costs resulting in connection with my participation in this activity. I understand that this release relates to all claims and liability during or after a program resulting from a pre-existing medical condition.

Please indicate any pre-existing health conditions that River's Way should be aware of when conducting this program:

\_\_\_\_\_  
\_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(for participants under 18 years of age)

Parent/Guardian Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **PERMISSION TO TAKE AND USE PHOTOGRAPHS FOR PROMOTIONAL PURPOSES**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_