

LIABILITY RELEASE AND MEDICAL
AUTHORIZATION
FOR PROGRAMS PROVIDED BY PRAIRIE WOODS ENVIRONMENTAL
LEARNING CENTER

As the participant or guardian of the participant(s) named below I give my permission for participant to attend the programs provided by Prairie Woods Environmental Learning Center (PWELC). I give permission for PWELC or the school or organization named below to provide transportation to participant for emergency or educational reasons. In the event of an emergency I authorize the administration of basic first aid. I also authorize appropriate treatment by emergency medical personnel.

By signing this release I agree that if the participant is injured in any way while participating in activities provided by PWELC, I voluntarily release PWELC, Kandiyohi County, the school or organization named below, as well as all of their personnel, staff and directors, from any and all liability for the injuries.

I understand and agree that this release applies to not only me but also my estate, heirs and assigns. In the event some other person or entity seeks compensation for these released liabilities, my estate or I, will indemnify and hold harmless PWELC, Kandiyohi County and the school or organization named below.

I understand that activities may include but are not limited to the following: high ropes course with events up to 40 feet above the ground, climbing on an indoor/outdoor/portable climbing wall, hiking on uneven ground, exposure to dangerous weather and other natural conditions, walking on docks or boardwalks over open water, using pioneer tools such as saws and knives, fire building, cross-country skiing, snow shoeing, canoeing and archery. I am aware that participants may be injured while participating in these and other activities.

I understand that there is a risk in utilizing facilities, services, and programs provided by PWELC that may result in exposure to COVID-19 which could result in quarantine requirements, serious illness, disability, and/or death. I release Prairie Woods Environmental Learning Center from any and all liability for exposure or harm due to COVID-19.

I have determined that the participant(s) are COVID-19 symptom free and fully medically capable of participating in the activities at PWELC.

I understand that photographs or video footage may or may not be taken of the participants while participating in PWELC programs. I give my permission for PWELC to use photographs or video for promotional purposes, including brochures, social media, and promotional video.

I have read this release; I understand it; and I fully agree to all of its terms.

Printed name of Participant(s) _____ Age(s) _____

Signature of Adult/ Guardian: _____ Date: _____

Phone: _____ City _____ Zip _____

Name of school or organization participating in PWELC program:
