ADULT (must be 18 or older)

Acknowledgement of Risk

PLEASE READ CAREFULLY

In consideration of Eden Mill Nature Committee, Inc. furnishing services and/or equipment to enable me to participate in Eden Mill Nature Committee, Inc. activities, I agree as follows:

I fully understand and acknowledge that my participation in outdoor recreational activities and use of equipment for such activities has: (a) inherent risks, dangers and hazards and such exists in my use of Eden Mill Nature Committee, Inc. equipment and my participation in Eden Mill Nature Committee, Inc. activities; (b) may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) risks and dangers that may be caused by the negligence of the owners, employees, officers or volunteers of Eden Mill Nature Committee, Inc; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes and that risks and dangers may arise from foreseeable or unforeseeable causes including but not limited to guide decision making of all types and under any circumstances and terrain, weather, trail or river route location and water level, risks of drowning after falling out of a canoe and such.

As such, other risks, hazards and dangers that are integral to recreational activities and/or use of equipment, I hereby assume all risks and dangers.

The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which the Eden Mill Nature Committee, Inc. or its agents is a party shall be Harford County, Maryland.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO ASSUME ALL RISKS ASSOCIATED THEREWITH.

PROGRAM: _____ PROGRAM DATE: _____

_____ _____ _____
SIGNATURE AGE DATE

_____ _____
NAME (PRINTED) GROUP NAME (if applicable)

STREET ADDRESS: _____

_____

EMAIL ADDRESS:_____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE #:_____

***This form is to be completed for and by adults ONLY! Participants 17 and younger must have the MINOR form completed for a program.**