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WAIVER OF LIABILITY FORM

Please read this information carefully and be aware that in registering yourself, your child, or ward for participation in this program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

I declare myself and/or my child(ren) to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent me and/or them participating in this activity. I understand that a medical examination to assure my/their physical fitness is desirable and obtaining such examination is my responsibility. I acknowledge that I (and/or my children) have had a physical examination and have been given my/their physician's permission to participate in this activity or I have decided to participate/allow my children's participation in this activity without the approval of a physician and do assume all responsibility for my and/or my children's participation in this activity. As a participant in the program or the parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any or all activities connected with or associated with such program.

I agree to waive and relinquish all claims my minor child/ward or I may have, as a result of participating in the Let's Go Outdoors program, and its officers, agents, servants, and employees. I do hereby fully release and discharge Let's Go Outdoors and its officers, agents, servants, and employees from injuries, including death, damage, or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program. I further agree to indemnify, hold harmless and defend Let's Go Outdoors and its officers, agents, servants, and employees from any and all claims associated with the activities of the program.

In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel and understand that I am financially responsible for those medical services. In signing this release, I acknowledge and represent that I read the foregoing Waiver of Liability Form, understand it and sign it voluntarily as my own free act and deed and am not under any physical or emotional duress to sign. I am at least eighteen (18) years of age and fully competent. I understand that my signature also releases claims on behalf of my minor child(ren). (Please check the appropriate response):

Parent/Guardian:

___ **Yes**, I confirm that I have read and understood the above, Waiver of Liability, and agree to participate and/or allow my child(ren) to participate in the Let's Go Outdoors program.

Participant or Parent/Guardian Name (please print) _____

Phone Number: _____ Email: _____

Name of child(ren) (please print): 1. _____

2. _____

Participant or Parent/Guardian Signature: _____