



# Educational Endeavors

*Facilitating Growth in Today's Youth*

## **Consent to Participate & Release of Responsibility** *Please Read Carefully Before Signing*

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State/Zip:** \_\_\_\_\_

Do you have any physical, medical, or psychological conditions of which we should be aware?      Yes      No  
Explain and make complete notation below.

**RESPONSIBILITY:** Educational Endeavors and its agents and associates assume no responsibility for injury, loss of damage to person or property in connection with any service or other provided by Educational Endeavors, its agents or associates, including, but not limited to acts of God, detention, annoyance, discrepancies or changes over which Educational Endeavors and its agents have no control. Reasonable changes in the itinerary may be made where deemed advisable for the comfort and well being of the participants.

**CONSENT TO PARTICIPATE/RELEASE & ASSUMPTION OF RISK:** I am aware that I am given a choice to participate in each and every activity, including those which are physically and emotionally demanding and where certain inherent risks and dangers may exist. I recognize that there is an element of risk in any activity, adventure or sport associated with the outdoors. I understand that I may be exposed to extraordinary physical hazards, weather conditions, or other unknown events. I have noted any and all conditions which may affect my participation. I do hereby assume all risk and agree to release and hold harmless Educational Endeavors, its agents and associates, from any and all liability, loss or damage, actions, claims and demands which I have now or may arise from my participation in these activities offered by Educational Endeavors, its agents and associates. This shall serve as a release and assumption of risk for my heirs, executors, personal representatives and for all members of my family. I agree to abide by all rules, regulations and standards from these activities.

I have been fully informed of the details of this program and I am participating of my own free will.

I certify that I am in good health, that I have no prior injuries or conditions that would affect my ability to participate in the activities in which I have chosen to partake, and I am fully capable of taking on the rigors of this program.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date