



Volcano Outdoor School Participant Waiver

PLEASE READ THIS ENTIRE AGREEMENT CAREFULLY BEFORE YOU SIGN IT. YOUR SIGNATURE CONFIRMS THAT YOU UNDERSTAND AND AGREE TO ITS TERMS. BY SIGNING THIS AGREEMENT, YOU (YOUR FAMILY, AND YOUR CHILD) ARE GIVING UP LEGAL RIGHTS, INCLUDING THE RIGHTS TO SUE AND/OR RECOVER DAMAGES FROM ALL MSHI AFFILIATES FOR INJURIES, DEATH AND/OR PROPERTY DAMAGES ARISING FROM VOLCANO OUTDOOR SCHOOL PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF MSHI, ITS PARTNERS, AND THEIR RESPECTIVE EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, SPONSORS AND VOLUNTEERS ("MSHI AFFILIATES") OR OTHER PERSONS, OR OTHERWISE.

Please provide, legibly, all requested information. A parent or legal guardian must complete and sign below for his or her child. Incomplete and/or unsigned forms may delay or preclude program participation. MSHI expressly reserves the right to deny program participation to/dismiss any person who violates its rules.

School/Group: _____ City, State: _____
Participant is a: Minor Student ☐ Adult/Parent/Chaperone ☐ Adult/Teacher ☐

Participant Information

First Name: _____ Last Name: _____
Age: _____ Gender: _____

Parent/Guardian and Emergency Contact Information

Contact 1 Name: _____	Contact 2 Name: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____
Relationship to Participant: _____	Relationship to Participant: _____

Medical Conditions, Physical Conditions and Allergies (Attach Additional Pages if Necessary)

Do you or does your child have any medical conditions/physical limitations? ☐ No ☐ Yes; if so, list all below and, as appropriate, include health care provider contact information: _____

Do you or does your child have any allergies? ☐ No ☐ Yes; if so, list all below:

1) Type/Nature of Allergy (describe): _____

Severity of Allergy: ☐ Mild ☐ Moderate ☐ Severe ☐ Life Threatening

Description of Allergy and Treatment: _____

2) Type/Nature of Allergy (describe): _____

Severity of Allergy: ☐ Mild ☐ Moderate ☐ Severe ☐ Life Threatening

Description of Allergy and Treatment: _____

Liability Release Waiver and Indemnity Agreement | Initial each statement and sign at the form end

[Name] _____ has my permission to participate in MSHI's Volcano Outdoor School program. I am at least 18 years old and authorized to give this consent. I am aware that the United States Forest Service (USFS), the United States Geological Survey (USGS), and others are MSHI Affiliates.

_____ I acknowledge and understand that activities and schedules are subject to change / cancellation at the discretion of Mount St. Helens Institute Volcano Outdoor School and its staff.

_____ I understand none of the following will result in a refund of any participation fees: homesickness, illness, change of family/school plans, dismissal from program and/or personal schedule conflicts/changes.

_____ I understand it is my and/or my child's responsibility to participate cooperatively in the program including work, play, values sharing and living together. I agree to ensure that, at all times, I and/or my child abides by the rules of the program. I understand and agree to explain to my child that any violation of rules related (but not limited) to possession of any alcohol, drugs or tobacco products; possession of any weapon; inappropriate or offensive contact, behavior or communications to/with other participants or staff, such as racial, religious or sexual slurs or intimidation/violence/bullying; theft; vandalism; or unlawful conduct, will result in immediate dismissal from the program with no refund of program fees. If I or my child is dismissed, it is my or a parent's/guardian's responsibility logistically and financially to depart/retrieve his or her child.

_____ I understand that I or my child will participate in outdoor and indoor activities that include known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to me and/or my child, property or third parties. I and my child assume all risks of participation in these activities.

_____ If I or my child needs medical treatment, I consent and authorize accompanying representative(s) of MSHI/MSHI Affiliates to permit treatment. In case of emergency, I request and authorize any physician, hospital and health care provider to provide medical treatment promptly, whether or not I have been asked, informed and provided any additional consent. I agree to be responsible for and pay all medical treatment charges and to release, hold harmless, defend and indemnify the MSHI/MSHI Affiliates for such expenses.

_____ I understand that it is my responsibility to provide and maintain accident and health insurance for myself and my child while participating in all MSHI activities and programs, and understand and acknowledge that the MSHI does not provide any accident or health insurance coverage for its participants.

_____ I confirm that neither I nor my child has any physical, mental, emotional or other conditions that restrict or prevent me or my child from participating in the scheduled activities, or which increase the risk of harm, except: _____.

_____ I agree to release, waive, indemnify and hold harmless the MSHI, all MSHI Affiliates including, the USFS, the USGS and all others, and their respective directors, officers, instructors, employees, sponsors, agents, licensees, invitees, representatives, and volunteers (collectively, the "Releasees"), from all actions, claims, or demands that I and/or my child, and my/our legal representatives, heirs distribute, next of kin, guardians have, or may have in the future for injury, disability, death or property damage. This agreement includes, but is not limited to, claims or demands arising from injury or damage caused or allegedly caused by the negligence of one or more of the Releasees and/or MSHI program participants, guests or trespassers.

I am giving the consents, waivers and releases herein freely, with a full understanding of their meanings and consequences. I am at least 18 years old, am authorized to sign this agreement, and confirm this agreement binds me, my family and my child (or the child for whom I am signing as legal guardian and his/her family).

Parent's/Guardian's (or Participant's) Name: _____

Signature: _____ **Date:** _____

Photo Consent and Release

In support of the Mount St. Helens Institute's mission of advancing understanding and stewardship of earth through science, education, and exploration of volcanic landscapes, I hereby give my consent:

- a) to the Mount St. Helens Institute, and its affiliates and their agents to film, photograph, tape or otherwise make a video reproduction of me or my child/children and/or record our voice(s); and,
- b) to the Mount St. Helens Institute to use my name or my child/children's name and such film, photograph, tape or reproduction of us and/or recording of our voice(s), in part or in whole, in newspapers, magazines and other print media, on television, radio and electronic media (including the "Internet"), in theatrical media and/or in mailings for educational and awareness campaigns by the Mount St. Helens Institute, in connection with the promotion of Mount St. Helens products and/or to help raise funds for Mount St. Helens programs.

Consent to such use is given in perpetuity, and does not require prior approval by me. I further disclaim any right to receive compensation or economic benefit that has or could have become due in connection with the use of the film, photograph, tape or reproduction of me, my child/children and/or the recording of our voice(s).

I am giving the consents, waivers and releases herein freely, with a full understanding of their meanings and consequences. I am at least 18 years old, am authorized to sign this agreement, and confirm this agreement binds me, my family and my child (or the child for whom I am signing as legal guardian and his/her family).

CONSENT ON BEHALF OF A MINOR PARTICIPANT

Participant Name (print): _____

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

ADULT PARTICIPANT CONSENT

Participant Name (print): _____

Parent/Guardian Signature: _____ Date: _____