

# LIABILITY WAIVER



Dear Participant/ Parent:

You/your child have an opportunity to participate in a Pathfinder Program. To be eligible, ***you must sign this release form.*** The program is customized to meet the learning goals of your group. For general descriptions and pictures of our programs please visit [www.pathfinder-ed.org](http://www.pathfinder-ed.org). For specific details about your Pathfinder program please speak to your trip organizer.

While this form may seem imposing, the purpose is to outline responsibilities and potential risks before you agree to participate. The benefits derived from participation in our programs are well documented. We believe the risks to be minimal. Pathfinder staff are mature professionals with safety trainings/certifications, including but not limited to: Red Cross Lifeguard Certification, CPR for the Professional Rescuer, First Aid, high and low ropes course facilitation and canoe instruction. ***Safety is our first concern and every activity is monitored to maintain the high standards we commit to in our accreditation.***

**NOTE: PHOTO/MEDIA/INTERNET RELEASE:** I grant Pathfinder the right to use, reproduce, assign, and/or distribute photographs, comments, videos, and sound recordings for use in any materials they create and use for any appropriate and legal purpose. However if necessary you may opt out:

*I do not give permission for a photo/ media release: \_\_\_\_\_ (initial)*

1. **ASSUMPTION OF RISK:** I am aware that participation in a Pathfinder Program exposes me (my child) to the risks of injury. Some of the risks which may be present include, but are not limited to: hazards of traveling by foot; of being in or near water; of being near a campfire; objects falling from above including but not limited to ropes, boards, cables & other construction materials, tree branches, etc.; injuries inflicted by animals, insects, reptiles, or plants; forces of nature including lightning, sunburn, hypothermia, hyperthermia and others; traveling in a vehicle; and participating in non-Pathfinder supervised "free time." I (for my child) hereby assume the risks associated with these activities. I acknowledge that at any time I have (my child has) the right **NOT** to participate in or to discontinue participation in a specific activity with which I am (my child is) not comfortable.

2. **PERSONAL RESPONSIBILITY:** The entire responsibility for safety is not the Instructor's. Participants, too, have a responsibility. I/my child agree to follow the rules and safety procedures established for the activities, and to obey Pathfinder staff supervising these activities. For my/my child's own safe participation, and that of fellow participants, I (my child) must call to the attention of the Instructor any situation which I (my child) perceive to be a potential danger to myself or others.

3. **PHYSICAL EXERTION:** While some accommodations are available, I (for my child) understand that physical exertion may be part of Pathfinder's program.

4. **MEDICAL RELEASE:** While every effort will be made to contact a parent/guardian or emergency contact, I hereby consent to any treatment which might become necessary in the event of a medical emergency while I am (my child is) a participant in Pathfinder, Inc.'s program. I understand that health/accident coverage is the responsibility of the participant or their parent/guardian.

5. **WAIVER OF LIABILITY AND HOLD HARMLESS**—BY SIGNING THIS LIABILITY WAIVER, I AGREE AND ACKNOWLEDGE THAT I MAY BE GIVING UP IMPORTANT LEGAL RIGHTS AND REMEDIES AVAILABLE FOR MYSELF, MY CHILD NAMED HEREIN, AND OUR HEIRS, SUCCESSORS AND ASSIGNS.

I have and do hereby Release and Forever Discharge Pathfinder, Inc. and its employees, DaySpring (the Center you are attending) and their agents, employees and director (herein collectively "Pathfinder Inc.") from any and all liability, actions, causes of action, claims, and demands of any nature whatsoever which we now or may have as a result of our/my participation in this program. I agree to indemnify and hold harmless Pathfinder Inc. from any and all damage, loss, or liability occurring by reason of any injury to myself or my child named herein or their property caused by acts of omission, neglect, or wrong doing by Pathfinder, Inc., myself, or my child which may arise out of our participation in this program. I hereby assume all risk of injury associated with this program.

*I am the participant or parent/legal guardian of the participant. Prior to signing this document, I have had an adequate opportunity to read and understand it. I have had an opportunity to ask questions about it, and any questions I had have been answered to my satisfaction. I agree to Participant Agreements 1-5 listed above.*

\_\_\_\_\_  
**Participant Signature** (if 18 or older)  
**Parent/Guardian Signature** (if under 18)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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info@pathfinder-ed.org www.pathfinder-ed.org





**MEDICAL INFORMATION**

*This information will be kept confidential except as needed in an emergency.*

PARTICIPANT'S NAME: \_\_\_\_\_ SCHOOL/ ORGANIZATION: \_\_\_\_\_

PARENT/ GUARDIAN NAME: \_\_\_\_\_ EVENT DATE(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_ PRIMARY PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL\*: \_\_\_\_\_

*(for Parent or Adult Participant)*

*\*May we add your email to our newsletter list so that you will receive periodic updates regarding future Pathfinder programs?                      YES      NO*

EMERGENCY PHONE: \_\_\_\_\_

ALT. EMERGENCY PHONE: \_\_\_\_\_

1. Is the participant taking any medications? ..... YES    NO  
If yes & relevant, please list and explain what each is for:

2. Does the participant have any allergies? (e.g. medications, red ants, bees, etc.) ..... YES    NO  
If yes, please describe:

3. Does the participant have any dietary concerns? (e.g. specific food allergies, specific dietary preferences or needs, religious considerations, etc.)..... YES    NO  
If yes, please describe:

4. Are there any reasons to restrict the participant's activity? ..... YES    NO  
If yes, please describe:

5. Does the participant have special needs to consider? (e.g. asthma, disabilities, specific fears, previous injuries, foreign language, etc.)..... YES    NO  
If yes, please describe:

6. Has the participant been directed to carry Epinephrine (e.g. Epi Pen/Ana Kit)? ..... YES    NO  
If yes, will the participant have it at the program? ..... YES    NO

