



**Osprey Wilds**  
Environmental Learning Center

# Liability Release Form

Please send completed and signed form to:  
Osprey Wilds Environmental Learning Center  
PO Box 530, Sandstone, MN 55072  
Phone: 320-245-2648; Fax: 320-245-5272  
Email: schools@ospreywilds.org

## **Form MUST be signed for each individual before program participation**

*It is the school's/group's responsibility to collect signed liability releases from each adult participant and from a parent/guardian of each youth participant (if applicable) and submit all releases to the Osprey Wilds.*

### **Assumption of Risk and Liability Release**

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School/Group Name \_\_\_\_\_

Participant is a:  student  parent  teacher  other \_\_\_\_\_

I will be participating /  I authorize the above-named participant to participate in the program at Osprey Wilds Environmental Learning Center. I acknowledge and am aware that this program involves certain inherent risks which I expressly accept and assume. These risks may include (but are not limited to) physical injury, emotional injury, paralysis, permanent disability, illness, death or property damage due to inclement weather; walking on uneven trails; canoeing; cross country skiing; snowshoeing; rock climbing and belaying on an indoor climbing wall; a high ropes course activity; field trips to non-Osprey Wilds sites; and other peoples' actions. Following appropriate medical consultation, I have determined that my child's/my health is adequate to participate safely in this program (except as indicated on the Student or Adult Health Form). In the event of an emergency, I authorize treatment by emergency medical personnel. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

Accordingly, I hereby voluntarily release and forever discharge Osprey Wilds, including its directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them on behalf of myself and my children, from any and all liabilities to me with respect to injury, sickness, disease, loss or damage. This release applies to any and all liabilities to me or my estate of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these released liabilities, I or my estate will indemnify and hold harmless Osprey Wilds for all sums reasonably incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

By signing this document, I understand and agree that if I am hurt or if my property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence. I have had enough time to read this agreement and consult with legal counsel if I so chose to do so. I understand that this activity may not be made available to me if I were to choose not to sign this release. I have read and understood this document and I agree to be bound by its terms.

Osprey Wilds Environmental Learning Center does not have permission to use any photos taken during the visit in publicity materials

I do not wish to receive information about Osprey Wilds Environmental Learning Center

Parent/Guardian or Participating Adult Signature \_\_\_\_\_ Date \_\_\_\_\_  
(required)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Please note:** Failure to sign this form will prohibit you/your child from participating in all Osprey Wilds activities. You are invited to request more information about our programs, facilities, and policies at any time.