



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: info@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 Osprey Wilds.

Assumption of Risk and Liability Release and Consent to Film, photograph, broadcast, and publish

Participant Name _____ Birthdate _____

School/Group Name (if applicable) _____

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 (A Minnesota nonprofit corporation). 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 people's actions. I understand that even if the participant travels outside of the state of Minnesota, that any actions arising out of this activity will be bound by Minnesota law.

After appropriate medical consultation, I have determined that the participant's health is adequate to participate safely in this program (except as indicated on the Student or Adult Health Form if submitted). In the event of an emergency, I authorize treatment by emergency medical personnel. I understand some risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

I understand that COVID-19 is a global pandemic, extremely contagious and believed to spread from person-to-person contact. Osprey Wilds ELC has enacted preventive measures in an attempt to reduce the spread of COVID-19, but cannot guarantee that participants in the program will not become infected. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that the participant, may be exposed to or infected by COVID-19 by participating in the Osprey Wilds ELC program.

Accordingly, I hereby voluntarily release and forever discharge Osprey Wilds, including the directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them on behalf of myself, the participant and my children, from any and all claims and liabilities in any way 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 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 the participant is hurt or if their property is damaged during their 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 the participant 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.

I give Osprey Wilds Environmental Learning Center unrestricted permission to use and publish any images, audio, video, and recordings taken during the visit in print, video, digital, and internet media. I understand that that I will receive no payment. and voluntarily waive any and all privacy protections that I have and knowingly consent to the use of this material by Osprey Wilds ELC.

Parent/Guardian or Participating Adult Signature _____ Date _____

Signer Name _____ 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.