

## OUTDOOR ADVENTURE CENTER WAIVER FOR MINOR CHILDREN

We acknowledge that participation in recreational activities carries the risk of serious injury or death from occurrences during activities, including, but not limited to; being struck by objects, slip, trip or fall, being injured by other participants, and other health hazards. We fully release and absolve from liability the State of Michigan, Department of Natural Resources and the Outdoor Adventure Center, its employees, agent's contractors and those in concert and participation with it from any and all liability, injury or damages on behalf of our child, and individually on behalf of ourselves. This release extends to personal and bodily injury, as well as property damage. The above includes a waiver of liability and should be read carefully and fully before signing. I the undersigner, hereby agree to allow the individual(s) named heron to participate in the State of Michigan, Department of Natural Resources, and Outdoor Adventure Center activities. I certify that, to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in activities. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant. We, being either the natural or adoptive parents or legal guardian for the individuals whose names are set forth on the registration form, represent and warrant that the child is physically healthy and able to participate in the activities for which the child is registered, acknowledging the full understanding of such activities and an opportunity to review with the Department any and all questions regarding such activities. We further represent that we have full authority on behalf of such child or children to consent to the child's participation and do consent to such participation.

I hereby authorize the State of Michigan, Department of Natural Resources, and Outdoor Adventure Center to use all photos, both video and audio portion of video tapes on which I or my dependent appears. I understand that portions of these tapes may be used in other programs, training aids, and production at the discretion of the State of Michigan, Department of Natural Resources, Outdoor Adventure Center.

PARTICIPANT'S FIRST AND LAST NAME (printed) \_\_\_\_\_

PARTICIPANT'S FIRST AND LAST NAME (printed) \_\_\_\_\_

PARTICIPANT'S FIRST AND LAST NAME (printed) \_\_\_\_\_

NAME OF PARENT OR LEGAL GUARDIAN (printed) \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_ NAME OF ACTIVITY OR CLASS \_\_\_\_\_