



**Julie Walker c/o FULL CIRCLE ADVENTURES
INFORMED CONSENT (YOUTH WAIVER)
PLEASE READ CAREFULLY**

**WARNING: BY SIGNING THIS AGREEMENT, YOU GIVE UP THE RIGHT TO
SUE FOR ANY INJURY OR DAMAGE HOWSOEVER CAUSED.**

To: Full Circle Adventures, (hereinafter referred to collectively as "The Company") and employees, representatives, officers and agents (hereinafter referred to collectively as "The Company Employee's"). I hereby sign this agreement on behalf of my child.

Warning: By signing this document you indicate that you understand the risks of Snowshoeing, Hiking, Cross-Country Skiing and Nature Hikes and that by allowing your child to participate in this activity you are exposing him/her to the risks identified below. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.

Child's name: _____

Parent/Guardian's name: _____

Address of Parent/Guardian: _____

Course Title: _____ Date _____

1. I agree as a pre-condition to my child's participation in hiking, snowshoeing, cross-Country skiing, ecological studies and related activities organized by "The Company" and conducted by "The Company" and/or "The Company Employees", and in further consideration of "The Company" allowing me to do so, to be strictly bound by the terms of this Waiver, Assumption of Risk and Indemnity Agreement (hereinafter referred to as "This Agreement".)
2. I acknowledge that hiking, snowshoeing, cross-country skiing, ecological studies and related activities involve INHERENT RISKS that may cause serious injury and possibly death, to participants. These risks include, falling rock, wildlife, icy or slippery terrain, uneven and rocky terrain, poor weather, exposure and obstacles on the trail. I further recognize that hiking, cross-country skiing, snowshoeing and ecological studies involve ADDITIONAL RISKS AND DANGERS, such as getting lost or separated from the group.
3. I fully understand the risks and dangers associated with my child's participation in the hiking, snowshoeing, cross-country skiing, ecological studies and related activities and ACCEPT RESPONSIBILITY FOR MY CHILD'S ACTIONS.
4. I understand that it is my child's responsibility to abide by the rules suggested by the instructor of these outings. I have explained the importance of this to my child. If my child is supplying her/his own equipment, I am responsible for ensuring that it is safe and well maintained for this activity. I understand that Full Circle Adventures accepts no responsibility for any incidents occurring out of the use or misuse of my child's gear.

5. I hereby WAIVE ANY AND ALL CLAIMS which I may have against "The Company" and "The Company Employees" and RELEASE "The Company" AND EMPLOYEES from ALL LIABILITY for injury, death, property damage or any other loss sustained by me as a result of my participation in hiking, snowshoeing, cross-country skiing, canoeing, ecological studies and related activity, DUE TO ANY CAUSE WHATSOEVER, including, without limitation, negligence on the part of "The Company" or "The Company" Employees. I further AGREE TO INDEMNIFY "The Company" and "The Company" Employees for any and all legal fees (on a solicitor and his own client basis) or costs which may be incurred in defending any lawsuit or claim I may bring against them.

6. I appreciate that This Agreement applies whether "The Company" is at fault or not and it limits the liability of "The Company Employees" to the same extent as it limits the liability of "The Company" even though "The Company Employees" are not formal parties to This Agreement. I understand that "The Company", in securing execution of This Agreement by myself, is acting as agent or trustee on behalf of or for the benefit of "The Company Employees", who shall to this extent be or be deemed to be parties to This Agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "THE COMPANY" OR "THE COMPANY" EMPLOYEES AND A RELEASE AND INDEMNITY FOR ALL CLAIMS. I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE "THE COMPANY" MAY DEEM NECESSARY FOR MY CHILD'S HEALTH.

In the City (location) of _____

SIGNATURE OF GUARDIAN

DATE

PRINTED NAME

SIGNATURE OF WITNESS (other than spouse)

DATE

PRINTED NAME