

REQUIRED SIGNATURES

Participants cannot take part in the Cahaba Environmental Center program without signing the following release.

Assumption of Risk and Agreements of Release and Hold Harmless

I acknowledge that I have read and understand the description of this program and have noted any medical or physical conditions that might affect the participant's performance in this activity. I understand that this program involves known and inherent risks, as well as unknown/unanticipated risks. Inherent risks may include those ordinarily associated with physical activity in wilderness terrain.

In consideration for the Cahaba Environmental Center permitting me or my child to participate in this program, I hereby, for myself, my heirs and survivors, release the CEC from all personal injury, property damage, loss of personal property, or any other loss sustained by me or my child while participating in this program, including travel to and from the program site, and agree to hold harmless CEC and its employees, representatives and volunteers from any and all claims made by me, my child or my heirs and survivors. In case of accident or illness I will bear the cost of all evacuation procedures and medical care.

Release Authorization for Medical Treatment for Minors

If the participant is under the legal age of consent (18 years), the law requires that we have a parent's permission to give medical service should the need arise.

The undersigned, who is one of the parents having legal custody, or the legal guardian, of the minor participant named above, hereby gives permission to personnel of Cahaba Environmental Center to authorize any X-rays, tests, procedures, anesthetic, surgery or treatment on behalf of, and to provide or arrange for any transportation of, participant as may be required in the event of an emergency. If the emergency contacts designated on this form cannot be timely contacted, I hereby give permission to a licensed physician, or other qualified health care provider as may be appropriate, to administer such treatment to participant as may be necessary under circumstances, including hospitalization of the patient. I also agree to assume any financial responsibility for my child's care.

Photo Release

I authorize and consent to the CEC taking photographs and video film of the participant in its programs, and to the unrestricted use and publication of such photos or videos to promote the activities of CEC. (No names will be used without obtaining prior written consent.)

I HAVE READ THE AGREEMENT, FULLY UNDERSTAND IT, AND GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE PROGRAM IDENTIFIED ABOVE. THE UNDERSIGNED ALSO UNDERSTANDS THAT PARTICIPATION BY ME OR MY CHILD WOULD NOT BE ALLOWED WITHOUT THIS PROVISION.

If participant is under 18:

Signature of Parent or Legal Guardian _____ Date _____

Print Name & Relationship to Participant _____

If participant is 18 and over

Signature of Participant _____ Date _____