

Participants Acknowledgement of Risk

SURVIVOR'S
OUTDOOR
EXPERIENCE



I am aware that participation in Survivor's Outdoor Experience (SOE) programs or events involves certain risks, including but not limited to risk of serious bodily or mental injury or death, and the risk of economic loss, arising out of my participation in a SOE activity and whether caused by me or by someone else, including SOE, as defined below. I am aware that SOE does not manufacture or guarantee the safety of the equipment that may be used during a SOE Activity.

In consideration of my participation in SOE Activities, by my signature, I acknowledge and confirm that I have read and understood this membership form in its entirety and particularly the following releases:

- I am physically able to undertake, and am voluntarily participating in, any SOE Activity in which I choose to participate, with knowledge of the risks involved and I hereby accept full responsibility for these risks, which include the risk of economic loss.
- I voluntarily accept the risk of sustaining injuries arising from or during participation in an SOE Activity.
- On behalf of myself, my spouse (if any), my parents (if any), my children (if any) and any heirs or assigns, I release SOE from any liability and/or claims for damages that may arise due to my participation in a SOE Activity.
- I know of no physical or medical reason or impairment that might prevent or hinder my participation in a SOE Activity of my choosing, though I acknowledge the right of SOE to refuse to allow me to participate in a SOE Activity if deemed appropriate to preserve the safety and enjoyment of all participants in that activity. It is my responsibility to continually monitor my ability to participate in SOE Activities.
- I understand that SOE does not employ health-care professionals to implement and monitor SOE Activities. Any discussion of health-related issues at an SOE Activity shall not be deemed to create a duty in, nor put SOE on notice of, a health or medical concern that required SOE to take any action or issue any warning to me regarding my participation in SOE Activities or the advisability of consulting with a medical professional. SOE cannot and will not advise me whether to participate or to refrain from participating in any activity based on my physical condition or health-related concerns.

Signature of Participant _____ Date: _____

Consent to Photo Use and Release:

I hereby consent to reproduction, publication and use of my likeness in any format for promotional purposes or for any other purpose consistent with SOE's charitable mission, of photographs, movies and videotapes (collectively, "Photos") of me by SOE. I hereby release SOE from any liability and/or claims for damages that may arise, now or in the future from the use of any Photos.

Signature of Participant _____ Date: _____

"SOE" includes but is not limited to Survivors Outdoor Experience, its officers, directors, volunteers, employees, agents, members, affiliates, independent contractors and all persons rendering services on SOE's behalf to members, participants or others involved in SOE Activities (as defined above).