



4 Elements Earth Education

RELEASE AND WAIVER OF LIABILITY: In all programs conducted by 4Elements Earth Education (hereinafter 4EEE), reasonable care is taken to prevent serious injuries and to minimize accidents. I am fully aware that survival, tracking, awareness and philosophy training, even under the safest conditions, has inherent dangers and I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependant children that might arise directly or indirectly as a result of participation in any 4EEE program. I hereby expressly release, discharge and hold harmless from any liability whatsoever, 4EEE and all employees and volunteers in their capacity as representatives of 4EEE, expressly including the Board of Directors of the 4EEE, except for injuries caused intentionally, or by willful misconduct.

PROPERTY LOSS: I understand 4EEE is not responsible for a participant's personal property that is lost, damaged or stolen during the course of a 4EEE program.

INSURANCE: I understand that it is my responsibility to provide for my own, and any other members of my family if applicable, accident and health coverage while participating in 4EEE programs. 4EEE does not provide any accident and health insurance for its participants.

MEDICAL RELEASE: I authorize 4EEE, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when the physician deems such treatment necessary and I cannot be contacted within a reasonable time or I am not otherwise able to give such consent. I authorize 4EEE to give first aid, CPR or other treatment by a qualified staff member.

PHOTGRAPHS: I authorize 4EEE to have and use photographs or video of my children or myself as may be needed for its records or public relations projects.

ACCEPTANCE: I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but on my heirs, administrators, executors, successors, and assigns.

Signature of all adult participants and/or parent/guardian of minor participants: (can be typed)

Signature _____ Date _____

Signature _____ Date _____

4EEE c/o Rick Berry

PO Box 1675

Grass Valley, CA 95945