

Fern Gully Forest School Waiver & Authorization Form

In consideration of being able to participate in Fern Gully Forest School and the Community Nature Foundation (hereby collectively referred to as CNF) programs, community events, and/or related activities, the undersigned (or the parent/legal guardian if participant is younger than 18 years of age):

Agrees that, prior to participating, I have inspected the facilities and equipment to be used, and if I believe anything is unsafe, I should immediately advise a representative of CNF and/or any other person who is reasonably capable of remedying any such condition(s) and refuse to participate unless and until the unsafe condition(s) is/are remedied. Notice: the facilities are made reasonably available for your inspection during a tour or upon request.

Understands and acknowledges that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury, property loss or damage) associated with participation in CNF programs, events, and activities (including but not limited to tree climbing, swinging, being barefoot, playing on uneven terrain, gardening with tools and animal care). To the fullest extent allowed by law, I hold harmless and agree to indemnify CNF, its officers, directors, faculty, staff, volunteers, employees and agents, from and against any present or future claim, cause of action, loss or liability for injury to person or property, which said participant/minor child may suffer or for which said participant/minor child may be liable to any other person, related to participation in CNF activities, resulting from any cause whatsoever, and regardless of fault.

Authorizes CNF to use, reproduce, and/or publish photographs and/or video that may pertain to the participant—including their image, likeness and/or voice without compensation; and understands that this material may be used on the website and in various publications, social media, news releases, outreach activities or other related endeavors. Notice: We love to share so that others can see the fun we have in our programs and activities, but we understand if you don't want your child's face in publications and can leave them out or cover their face in shared pictures. This authorization may be withdrawn by emailing the director your specific preferences at: ferngullyschool@gmail.com.

Authorizes CNF to go on walking field trips with the participant, such as adventures into the forest and around the neighborhood.

Authorizes CNF to provide for, administer, approve and authorize any necessary health care, including but not limited to care at a hospital, emergency room, or other medical institution, and execute any consent form required for the provision of emergency medical care to the child. The undersigned hereby further authorizes emergency transportation by either CNF personnel if necessary, or by ambulance or other emergency vehicle. I understand that CNF shall have no responsibility to pay for medical treatment and related costs.

	parent or legal guardian of, iteen years, and I consent to his/her participation in CNF programs and freely signed this Liability Waiver and Authorization Form.
Signature:	Date
Print Name:	