

**Life Adventure Center of the Bluegrass & Buckley Wildlife Sanctuary**  
**CONSENT AND RELEASE AGREEMENT**

**Participant name (print)** \_\_\_\_\_ **Name of group** \_\_\_\_\_

In consideration of permission to participate in, or continue participating in, the activities and programs of Life Adventure Center of the Bluegrass, and to use its facilities, I hereby acknowledge and agree as follows:

I understand that my participation in programs offered by Life Adventure Center of the Bluegrass is purely voluntary. I recognize that the program is designed to use experiential, engaging, teaching techniques. At all times, I will choose my level of participation in any activity. Further, I agree that I must comply with the requests, directions, and instructions of the individuals offering the programs and my failure to do so may result in my removal from the program. I agree that I will use and wear the appropriate safety equipment.

I recognize that my participation in Life Adventure Center of the Bluegrass programs is with some risk of bodily injury. I accept those risks with full knowledge of the dangers involved (including but not limited to: increased heart rate, blood pressure, strained or sprained muscles, fractured bones, partial or complete paralysis, heart attacks, psychological injury, death, or any possibility of serious injury), and hereby certify that I know of no physical or medical problems that would increase my risk of illness or injury, as a result of participating in Life Adventure Center of the Bluegrass programs.

I understand that under Kentucky Law a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that one voluntarily accepts if one participates in farm animal activities. KRS247.4027

In the event of an injury or sudden illness, I consent to the administration of first aid and resuscitative measures performed on my behalf by trained or qualified personnel. I assume full responsibility for all medical expenses incurred as a result of injuries suffered by my participation in Life Adventure Center of the Bluegrass programs.

I hereby release and discharge Life Adventure Center of the Bluegrass, its agents, employees, representatives, the building and grounds owners, any related entities, and all others from any and all liability, responsibility, loss, damage, costs, claims, and causes of action (including, but not limited to, those for bodily injury, death, and property damage or loss to me) arising out of or resulting from my use of or presence upon these facilities and/or participation in Life Adventure Center of the Bluegrass programs, specifically including, but not limited to, any and all liability, responsibility, loss, damage, costs, claims, and/or causes of action that arise from or are caused by the negligence or fault of Life Adventure Center of the Bluegrass programs, its agents, employees, representatives, the building and grounds owners, any related entities, or other participants in the Life Adventure Center of the Bluegrass programs.

I have read the entire Consent and Release Agreement and accept the conditions stated herein as a requirement for my participation in Life Adventure Center of the Bluegrass programs.

**PUBLICITY RELEASE:**

I grant Life Adventure Center of the Bluegrass and persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create. I release the corporation (photographers, employees, members, and agents) from all debt claims and/or liabilities of any kind whatsoever arising out of my child's appearance in the presentation, the making, or the use of such films or recordings. I hereby waive my right to inspect the finished produce that may be used in connection herewith.

*I prefer that this participant not have his/her picture taken.*

**PLEASE READ BEFORE SIGNING**

\_\_\_\_\_  
**PARTICIPANT SIGNATURE                      PRINTED NAME                      AGE                      EMERGENCY #**

**PARENT/GUARDIAN SIGNATURE (required if under 18):** \_\_\_\_\_ **DATE** \_\_\_\_\_

**We would like to keep in touch with you! Please give us your address so that we can keep you up to date on future programs and events at LAC. We promise not to bombard your inbox or fill your mailbox with junk. This information will be used for in house purposes only; LAC will not sell or distribute your name or address to any other organization or individuals.**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_