

**WALLED LAKE OUTDOOR EDUCATION CENTER
MEDICAL CARE AUTHORIZATION FOR ADULT
WAIVER AND RELEASE OF LIABILITY**

Waiver for participants 18 years of age and over. The activities at the Walled Lake Outdoor Education Center (WLOEC) owned by the Walled Lake Consolidated Schools (School District) are challenging, strenuous and may not be suitable for individuals who are not in good health and condition. The activities incorporate a variety of activities from hiking, games, and initiatives to more strenuous challenges such as low ropes, high ropes, climbing walls or zip lines. Serious injuries are rare. However, the activities at the WLOEC are such that there is the possibility of serious injury or death. Therefore, WLOEC participants are required to complete and sign this Medical Care Authorization Waiver and Release of Liability form. Prior to your visit, your group leader should inform you as to which activities you will participate in during your visit. Questions concerning WLOEC activities and this form should be directed to Karrie Martin at (248) 956-5120.

Medical Care Authorization. I hereby authorize employees, contractors and agents of the School District to secure routine medical care and emergency medical and surgical care at my sole cost. (*=**Required Information.**)

*Participant's Name (Print)

*Street Address

Insurance Company

*City, State and Zip

Policy Number

*Telephone

Subscriber's Name

*Email Address

*Emergency Contact Name and Telephone

Accommodation. The School District, in certain cases, has a legal duty to reasonably accommodate participants. Please indicate if you have any physical or mental condition, allergy, etc. that you believe requires accommodation and, if so, the nature of accommodation requested: _____

Release Agreement. I understand that while at the WLOEC, I am expected to follow all the rules presented by WLOEC employees, contractors and agents including, but not limited to: listening and following safety instructions, respecting staff in charge and other participants and encouraging other participants in a positive manner. I fully realize that participation in hiking, high ropes, low ropes, initiatives, zip line, and climbing wall courses involves psychologically and physically challenging situations and that participation in the same could result in injuries included, but not limited to: sprains, cuts, rope burns and/or abrasions or more serious injury.

In consideration of being allowed to participate in activities at the WLOEC, I acknowledge, understand, and agree:

1. I assume all of the risks inherent in and associated with participation in WLOEC activities, including but not limited to the risk of damage to property, injury, permanent disability and death, which might result from the actions, inactions, or negligence of myself or others, and other risks not known or not reasonably foreseeable at this time, and assume full responsibility for my participation in WLOEC activities.

2. I, for myself, my spouse, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release, waive, discharge and covenant not to sue the School District, its Board of Education, its Board Members, in their official and individual capacities, its administrators, employees, contractors, volunteers, agents and licensees (“Releasees”), for any and all injury, loss or damage to person or property incident to, or arising from, my participation in WLOEC activities, whether arising in whole or in part from my negligence, the Releasees or otherwise, to the fullest extent permitted by law.
3. I, for myself, my spouse, and on behalf of my/our heirs, assigns, personal representative and next of kin, hereby agree to indemnify and hold harmless all the above Releasees for any and all liabilities they incur incident to, or arising from, my participation in WLOEC activities, even if arising in whole or in part from the negligence of the Releasees, to the fullest extent permitted by law.
4. I agree to comply with the WLOEC’s stated and customary terms, conditions and rules for participation. If I have any concern about my readiness for participation and/or the WLOEC activities, I agree to remove myself from participation and bring my concerns to the attention of officials of the School District as soon as practicable.
5. I certify that to the best of my knowledge, I am able to safely participate in WLOEC activities.

Signature. I have read and understand this entire Medical Care Authorization, Waiver and Release form. I have signed it freely and voluntarily and without any inducement. I realize this is a legally binding agreement that may not be modified or rescinded except by another written document signed by me (us) and a legally authorized School District representative. (*= **Required**)

*Signature

*Print Name

*Date

**CLOSED TOED SHOES ARE REQUIRED FOR ALL PARTICIPANTS (NO SANDALS/NO HIGH HEELS)
DRESS APPROPRIATELY FOR THE WEATHER.**

Authorization for Audio and Visual Records. I understand and agree the School District may make audio and/or visual recordings of me participating in activities and programs at the WLOEC. I understand such audio and/or visual recordings are the sole property of the School District and may be used and distributed at the School District’s discretion.

Signature

Print Name

Date