

**ESSENTIAL SKILLS OUTDOOR SCHOOL LLC**  
**Release of Liability**  
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**Participant name** \_\_\_\_\_ **Date** \_\_\_\_\_

Address of participant \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Guardian Name (if applicable)** \_\_\_\_\_

Address of guardian (if different from above) \_\_\_\_\_

Telephone of guardian (if different from above)

H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

**In Case of Emergency notify** \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

**PARENTS/GUARDIANS PLEASE READ AND SIGN**

My child has permission to participate in the adventure program. My child and I have read and discussed the Release Of Liability and agree to all terms and conditions outlined. Additionally, I have discussed with my child the obligations and responsibilities of this trip, including the importance of following all rules, guidelines and laws of the State of Wisconsin, and of Devil's Lake State Park.

Guardian signature \_\_\_\_\_

Child's signature \_\_\_\_\_

**PHOTO RELEASE**

I agree/do not agree (circle one) to allow staff, employees or volunteers of ESOS LLC. to take photo/video during this event for possible promotional use in print or electronic formats.  
Please initial (Student and Guardian) \_\_\_\_\_

**ESSENTIAL SKILLS OUTDOOR SCHOOL LLC**

**Release of Liability**

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In consideration of my participation in the Essential Skills Outdoor School LLC Climbing Trip, I agree to the terms and conditions of this agreement.

Student Name (print) \_\_\_\_\_

**I ENGAGE IN THE ACTIVITIES OF HIKING/CAMPING/CLIMBING/RAPPELLING WITH FULL KNOWLEDGE OF THE INHERENT RISKS OF INJURY, PARALYSIS OR DEATH THAT MAY RESULT. I AGREE TO PARTICIPATE IN THIS OUTING AT MY OWN RISK.**

Please initial (Student and Guardian) \_\_\_\_\_

I understand that there are hazards involving climbing, including (by way of example but not limited to) falling to the ground, ledge, protrusion or rockfall. I understand that if I hurt myself, and that even if available, rescue attempts may fail or be slow. I understand that there are more hazards that are mentioned here and that there are unknown and unforeseeable hazards.

Please initial (Student and Guardian) \_\_\_\_\_

I understand that the equipment issued to me during the outing must be used properly and I agree to use all equipment according to its intended design. I agree to follow all safety guidelines outlined by the instructors regarding proper use of equipment. I agree to follow directions given to me by the instructor at all times. Please initial (Student and Guardian) \_\_\_\_\_

Knowing these facts and in consideration of my acceptance, admission to and /or participation in the ESOS, LLC adventure outing and it's related events, I for myself and anyone acting on my behalf, release, waive, discharge, covenant not to sue. I agree to hold ESOS, LLC it's volunteers, officers, directors employees, representatives, agents and successors of ESOS, LLC harmless from any and all claims, demands, actions and liability shall include without limitation, any injury, damage or loss to my person or property which may be (a) caused by an act, or failure to act, by the above identified persons and entities or (b) sustained by me before, during or after the activity. I further agree to indemnify and hold the parties harmless from and all losses, damages, claims and expenses, including attorney's fees, arising from or relating in any respect to my participation to the activity or it's related events or my breach of this agreement. If I am a minor, my parent or guardian also is signing on my behalf and we both agree to be bound by the terms of this agreement, waiver and release.

Please initial (Student and Guardian) \_\_\_\_\_

*Note: Completion of this form is required of all participants in the program.  
Please sign on page 1 and return to the address below or bring it with you on the day of the activity.  
If this waiver is not submitted by the day of the activity, you will not participate.*

