



Pathfinder Inc.

The Power of Experience

**PATHFINDER LIABILITY WAIVER
AND MEDICAL RELEASE
(DAY PROGRAM)**

Dear Parent/ Participant:

You/your child have an opportunity to participate in a Pathfinder Program. To be eligible to take part, ***you must sign the release form and fill in the medical information.*** The program is customized to meet the learning goals of your school, group or organization. Activities *may* include cooperative games, low/high ropes challenge course, outdoor skills, historic or science/ecology enrichment activities, classroom and/or nighttime activities, facilitated tree climbing, canoeing, and swimming in a pool or lake. For specific details about your Pathfinder program please speak to your trip organizer. For general descriptions and pictures of our programs please visit www.pathfinder-ed.org.

While this form may seem imposing and contain unfamiliar legal language, the purpose is to outline responsibilities and potential risks before you agree to participate. ***Safety is our first concern and every activity is monitored to maintain the high standards we commit to in our accreditation.***

Pathfinder staff are mature professionals, most with a Bachelor's degree or higher, with prior experience working with youth and adults. Staff has additional safety training/certification, including but not limited to: Red Cross Lifeguard Certification, CPR for the Professional Rescuer, First Aid, high and low ropes course facilitation, canoe instruction and water safety.

The benefits derived from participation in our programs are well documented. We believe the risks to be minimal. If you have any questions, please contact us at the number listed below.

1. **ASSUMPTION OF RISK:** I am aware that participation in a Pathfinder Program exposes me (my child) to the risks of injury associated with physical activity. _____ (initial)
2. **CHOICE:** Participation in Pathfinder activities is not mandatory. I (my child) have freely chosen to participate; therefore, I (for my child) hereby assume the risks associated with these activities. I acknowledge that at any time I (my child) have the right **NOT** to participate in or to discontinue participation in a specific activity with which I (he/she) am/is not comfortable. _____ (initial)
3. **PERSONAL RESPONSIBILITY:** The entire responsibility for safety is not the Instructor's. Participants, too, have a responsibility. I/my child agree to follow the rules and safety procedures established for the activities, and to obey Pathfinder staff supervising these activities. For my/my child's own safe participation, and that of fellow participants, I (my child) must call to the attention of the Instructor any situation which I (my child) perceive to be a potential danger to myself or other participants. _____ (initial)
4. **PHYSICAL EXERTION:** While some accommodations are available, I (for my child) understand that physical exertion may be part of Pathfinder's program. I hereby state that I (my child) am/is in sufficient physical condition to accept a prolonged level of physical activity. _____ (initial)
5. **MEDICAL RELEASE:** While every effort will be made to contact a parent/guardian or emergency contact, I hereby consent to any treatment which might become necessary in the event of a medical emergency while I (my child) am/is a participant in Pathfinder Inc.'s program. I understand that health/accident coverage is the responsibility of the participant or their parent/guardian and certify that I have such coverage. _____ (initial)
6. **PHOTO/MEDIA RELEASE:** I grant Pathfinder the right to use, reproduce, assign, and/or distribute photographs, comments, videotapes, and sound recordings for use in any materials they create and use for any appropriate and legal purpose. _____ (initial)
7. **WAIVER OF LIABILITY AND HOLD HARMLESS – BY SIGNING THIS LIABILITY WAIVER, I AGREE AND ACKNOWLEDGE THAT I MAY BE GIVING UP IMPORTANT LEGAL RIGHTS AND REMEDIES AVAILABLE FOR MYSELF, MY CHILD NAMED HEREIN, AND OUR HEIRS, SUCCESSORS AND ASISGNS.**

I have and do hereby Release and Forever Discharge Pathfinder Inc. and its employees, _____ (the Center you are attending) and their agents, employees and director (herein collectively "Pathfinder Inc.") from any and all liability, actions, causes of action, claims, and demands of any nature whatsoever which we now or may have as a result of our/my participation in this program. I agree to indemnify and hold harmless Pathfinder Inc. from any and all damage, loss, or liability occurring by reason of any injury to any person or property caused by act of omission, neglect, or wrong doing of Pathfinder, Inc., myself, or my child which may arise out of our participation in this program. I hereby assume all risk of injury associated with this program. _____ (initial)

PLEASE COMPLETE REVERSE SIDE INCLUDING NECESSARY MEDICAL INFORMATION

1310 22nd Avenue South St. Petersburg, FL 33705
Phone: (727) 328-0300 Fax: (727) 328-0100
Email: info@pathfinder-ed.org Website: www.pathfinder-ed.org





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This information will be kept confidential except as needed in an emergency.

PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

EVENT DATE(S): _____

ADDRESS: _____

PHONE (HOME): _____

EMAIL: _____

(for Parent or Adult Participant)

SCHOOL/ORGANIZATION: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

INSURANCE CARRIER: _____

ALT. EMERGENCY PH: _____

POLICY NUMBER: _____

1. Is participant taking any medications? YES NO

If yes & relevant, please list and explain what each is for:

2. Does the participant have any allergies? (e.g. specific food allergies, medications, red ants, bees, etc). YES NO

If yes, please describe:

3. Has the participant been directed to carry Epinephrine (e.g. Epi Pen/Ana Kit)? YES NO

If yes, will the participant have it at the program? YES NO

4. Are there any reason(s) to restrict the participant's activity? YES NO

If yes, please describe:

5. Does participant have special needs to consider? (e.g. dietary concerns, asthma, disabilities, specific fears, previous injuries, foreign language, etc.) YES NO

If yes, please describe:

Prior to signing this document, I have had an adequate opportunity to read and understand it. I have had an opportunity to ask questions about it, and any questions I had have been answered to my satisfaction. I agree to Participant Agreements 1-7 listed on the preceding page. I agree that the medical information listed above is accurate.

Signature of **Participant** (regardless of age)

Printed Name

Date

I am the parent/ legal guardian of the participant whose signature appears above. I have had the opportunity to discuss the foregoing with my child/ward. He/She understands Participant Agreements 1-7 on the preceding page. I concur that in my child's/ward's representations and agreements therein, and I consent to his/ her participation in the course described above.

Signature of **Parent/Guardian**
(For participants under the age of 18)

Printed Name

Date

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