Wild By Nature Wilderness Adventures Inc. Assumption of Risk & Permission Form

BY SIGNING THIS DOCUMENT YOUR AND YOUR CHILD'S LEGAL RIGHTS MAY BE AFFECTED

PLEASE READ CAREFULLY!

Completion of this form is required for your child's participation in the Adventure Activity

Participation in the activity described in the attached Risk Assessment Summary (the "Adventure Activity") carries certain risks, dangers, hazards and liabilities to all participants. These include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience, and cancellation or curtailment of the Adventure Activity, all as more fully described in the Risk Assessment Summary. You are required to accept these and other risks as a condition of your child participating in the Adventure Activity.

The Risk Assessment Summary is intended to enable you and your child to better understand and accept the various risks involved in the Adventure Activity. It is your responsibility to weigh and evaluate the risks on behalf of your child.

Your child is under no obligation to participate in the Adventure Activity and may choose not to participate at any time after you sign this form.

I/we have read the Risk Assessment Summary for this Adventure Activity			INITIAL HERE
I/we have reviewed Risk Assessment Summary for this Adventure Activity with my/our child and have instructed our child to listen to and follow the instructions provided pertaining to the Adventure Activity			INITIAL HERE
	e Activity involves many risks, dangers a referred to in the Risk Assessment Sum		
 accept the risks inherent in the mode of transportation for the Adventure Activity, as described in the Risk Assessment Summary; 			
Adventure Activity, inclu	sume the risks, dangers and hazards inleding all those described in the Risk Assobility of personal injury or death of my chor inconvenience; and	essment	
 being satisfied that the Adventure Activity is suitable for my/our child, give my/our permission and consent for him/her to participate in the Adventure Activity. 			INITIAL HERE
Nove of Obild	Data	With	
Name of Child	Date	Witness	
Signature of Parent/Guardian	Signature of Parent/Guardian	Print name clearly	
Print name clearly	Print name clearly		

Both parents/guardians (if applicable) must initial and sign this form. Thank you.