



WYMAN Program Participation Consent (for Adult Participants)

PARTICIPANT'S NAME: _____

DATE: _____

ADDRESS (Street, city, state, zip): _____

PHONE (Day & Night): _____

I, the undersigned, am over 18 and applying to participate in programs provided by Wyman during the year _____. I am aware that there are potential hazards and risks involved in some programs. I am willingly participating in all aspects of the residential and/or day camp program (including field trips and transportation) under the supervision of Wyman staff.

Signature of Applicant: _____

ACKNOWLEDGEMENT OF RISK & CONSENT TO PARTICIPATE IN ADVENTURE ACTIVITIES

*To participate in adventure programs like canoeing, caving, climbing,
& the high ropes course, this portion must be signed.*

I am aware that during adventure activities in which I am participating under the arrangement of Wyman, certain dangers may occur. These include, but are not limited to, traveling in rugged terrain; accidents or illness in remote areas without access to medical facilities; and the forces of nature.

I acknowledge that there can be no guarantee of absolute safety against risk and unforeseen accident. I understand that although Wyman has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible to guarantee absolute safety. I willingly consent to participate in Wyman adventure activities.

I agree to hold harmless and indemnify Wyman, its' Board of Trustees, and/or its' employees, agents, or lessors from any and all claims by myself, my heirs, my family, or my assigns.

I accept responsibility for verifying my health and medical history and certify that I have no physical or psychological problems that would prohibit participation in adventure activities.

I have carefully read this acknowledgement and sign this of my own free will.

Authorizing Signature: _____