

Date:	
Event:	
Location:	

Please make sure to read each statement below carefully before signing. An optional photo release is at the bottom. If the participant is under the age of 18, an authorized guardian must sign the agreement.

- I assume all risks that are associated with my visit to Wyman’s Eureka Camp, including, but not limited to, injury, property damage, permanent disability, disease, and death resulting because of the visit.
- For and in consideration of being granted access to Wyman’s Eureka Camp and all its amenities, I hereby waive, release, discharge, hold harmless, and covenant not to sue Wyman Center, Inc. and their officers, employees, agents, and other personnel, all of which are hereafter referred to as the “releases”, from any liability for any claims, demands, losses or damages on account of any injury, including death or permanent and partial disability, disease, and property damage, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise in connection with and/or arising out of my participation in, and medical care received at/during the experience for whatever reason. I acknowledge that my visits are voluntary. I acknowledge that during the time I am visiting or participating in any activities, I am outside the course and scope of any employment with Wyman Center, Inc., and that Wyman Center, Inc. is not responsible under workers’ compensation law for any injury that might occur.
- I waive any claim of liability and hold harmless Wyman Center Inc. for injury or contraction of any illness or medical condition that might result from my participation in any event held at Wyman’s Eureka Campus.
- I assume all responsibility and agree to indemnify the Wyman Center, Inc. and their officers and employees for any acts of misconduct or negligence committed by myself in connection with the aforementioned visits or participation and activities, which may result in damage, destruction, or harm to any property, or injury or death to any person or persons.
- This agreement is binding on all persons and entities claiming by, through, for, or on account of their relationship to me, including, but not limited to, my heirs, successors, and assigns.

In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same.

Name of participant:	
Participants email address or Phone #	
Photo Release (Y/N)	
Guardians Name (if applicable)	
Authorized Signature:	