

NELIPOTS IN NATURE MINOR PARTICIPANT LIABILITY WAIVER & RELEASE FORM

Organization: Nelipots in Nature

Location: Phil Hardberger Park

Event/Program: Supervised Nature-Based Activities and Outdoor Play

Parent/Guardian Name: _____

Child(ren)'s Full Name(s): _____

Age(s): _____

Date(s) of Participation: _____

ACKNOWLEDGEMENT OF RISKS

I, the undersigned parent or legal guardian of the minor child named above, understand that participation in outdoor activities organized by **Nelipots in Nature** involves inherent risks, including but not limited to:

- Uneven terrain, insect bites/stings, weather exposure, water play
- Interaction with animals, natural objects, and other children
- Physical activity such as hiking, climbing, and running
- Use of park or public space equipment

I acknowledge that while reasonable precautions will be taken by Nelipots in Nature Board Members and volunteers, **the outdoor setting carries unpredictable hazards, and medical assistance may not be immediately available.**

RELEASE AND WAIVER OF LIABILITY

In consideration for my child's participation, I, on behalf of myself and my child, hereby voluntarily waive, release, and hold harmless **Nelipots in Nature, its Board Members, officers, volunteers, and agents** from any and all liability, claims, demands, or causes of action that may arise from injury, illness, or property damage occurring during or as a result of participation in this program, whether caused by negligence or otherwise.

INDEMNITY AGREEMENT

I agree to indemnify and hold harmless Nelipots in Nature and its Board Members from any and all claims, damages, costs, or attorney's fees arising out of my child's participation in the program or any failure on the part of my child or myself to abide by safety guidelines.

EMERGENCY MEDICAL AUTHORIZATION

I authorize Nelipots in Nature Board Members and volunteers to provide or seek emergency medical care for my child in the event I cannot be reached. I accept full responsibility for any medical expenses incurred.

Emergency Contact Name: _____

Phone Number: _____

Allergies/Medical Conditions: _____

SUPERVISION CONSENT

I understand and agree that I am voluntarily allowing my child to be temporarily under the supervision of Nelipots in Nature Board Members at a public outdoor location, and I am not required to remain on site during this time. I understand the organization is not a licensed childcare provider, but rather a community group facilitating nature-based experiences.

MEDIA RELEASE (Optional)

☐ I give permission ☐ I do not give permission

...for Nelipots in Nature to photograph or video my child during activities for use in promotional or educational materials.

SIGNATURE

I certify that I am the parent or legal guardian of the child named above and that I have read and understood this waiver and agree to all terms.

Parent/Guardian Signature: _____

Date: _____