RELEASE OF LIABILITY For participation in an Earth Kinship Activity

THIS AFFECTS YOUR LEGAL RIGHTS READ BEFORE SIGNING BELOW

Activity Attending:		:	II
Activity Name and location (Example, R	Kayaking Deep Creek)	Date of Activity
Participant:		:	
First and Last Name			Date of Birth
Telephone: ()	_ Email:	@	
I intend to participate in one or more of the Ear activities listed which include but are not limited wilderness survival, running, jumping, climbing organic camouflage, orienteering, backpacking hunting, knife skills, shooting deadly projectiles wading, swimming, floating, fishing, sailing, car being exposed to the elements (sun, wind, early venomous animals and poisonous plants that in harm and even death. I acknowledge that the Abodily injury including loss of life, property dam the Activities. All of the Earth Kinship activities and/or camping environments. I understand the private or remote environments, I furthermore in participant-sponsored transportation to and find understand the information contained in the ("Release") pertaining to my participation in any	d to as follows: life g, hiking, tracking, g, camping, sleepings; all manner of free noeing, kayaking: th, rain), and the p may result in allerg Activities may involuded nage and other had are open to all ge at Earth Kinship of understand this materials and the materials are sites in and the materials are open to all generals are sites and the materials are sites are sites and the materials	e coaching, physic collecting wild eding outdoors, campesh water or salt was spending extended oossibility of being gic reactions or otolve strenuous physically which may be conducted in any involve in provise. I acknowledge them, Indemnity, Wards collected in the conducted in	cal and mental activities, bles and medicinal plants, ofire, outdoor cooking, vater activities including; ed periods of time outdoors exposed to, biting bugs, her events that may cause vsical activity, risk of serious result from my participating in co-ed teams andoors or outdoors, in publiciting my own or participating that I must thoroughly read
1. I acknowledge and agree that I will be held r of Earth Kinship, all areas we use, equipment a and agree I must observe all state and local law alcohol/drug use and required conduct. Additio conditions developed by Earth Kinship for parti	and others involve ws and Earth Kins onally, I must obse	ed or surrounding ship's policies, incl rve and comply w	the program. I acknowledge uding those concerning
2. I acknowledge and agree that it is my obliga physically or otherwise, to safely participate in been provided the opportunity to inquire and dethe Activities and any questions I had regarding to my satisfaction, to make a sound and volunt	the Activities and discuss the possibng my ability to pa	that, prior to exec le risks and hazar rticipate in the Act	uting this Release, I have ds from my participating in tivities have been answered
3. I give Earth Kinship the right and permission recording devices such as but not limited to; vice medium and to use my name, likeness, voice a Earth Kinship may exhibit or distribute all or an purpose in which Earth Kinship and its employ	ideo, audio, photo and biographical in ny part of these red	graphs, websites, nformation in conr cordings for any e	brochures or any other nection with these recordings ducational or promotional

Kinship's property.

Initials: _____

4. Please pay particular attention to paragraphs 4(a) throu	igh 4(c) regarding ye	our risk liab	oility:
(a) By participating in the Activities, I hereby assume all ris	sks of my participati	on in the A	ctivities. Risks include
but are not limited to, transportation risks, risks of participation	ation in the various	component	s of the Activities, and
all risks related to any physical, mental, emotional or othe	r condition from whi	ch I might s	suffer. I acknowledge
that I assume all personal and financial responsibility for a	any medical care and	d treatment	t I may require as the
result of participating in the Activities. (b) I acknowledge a	nd agree that Earth	Kinship ma	ay not provide medical
personnel at the location of the Activities. I further acknow	ledge and agree tha	at Earth Kir	ship's is granted
permission to authorize emergency medical treatment for	me, if necessary, ar	nd that such	n action is subject to
the terms of this Release. (c) In exchange for Earth Kinsh	ip allowing me to pa	ırticipate in	the Activities and
having reviewed and agreed to all acknowledgments liste	ed in paragraphs 1 th	nrough 4(b)	of this Release as
detailed above, I, on behalf of my family, heirs, beneficiari	es, and personal re	presentativ	es, agree to assume
all the risks and responsibilities of my participating in the	Activities. I release a	and foreve	r discharge and
covenant not to sue Earth Kinship and employees or volu	nteers working unde	er the direct	ion of Earth Kinship
from and against any and all liability for any and all claims	, demands, actions,	causes of	action of whatever
kind or nature, costs and expenses of any nature, including	ng attorneys' fees ("	Claims") th	at I may have or that
may hereafter accrue to me, arising out of or related to an	•		
limited to suffering, death or property loss that may be sus			• •
negligence or the action or negligence of Releases or thire	=		
not to sue Releases in connection with any such harm, lo	• • • • • • • • • • • • • • • • • • • •		•
Releases harmless from and against all claims asserted a	igainst any of the Re	eleasees by	•
upon my participation in the Activities.	((U: D)		Initials:
5. I acknowledge and agree that should any provision or a			
all remaining provisions of this Release will remain in full f			•
that this Release shall be construed pursuant to the laws	of the State of Florid	ia.	Initials:
I have read and understand that through signing and initia	olizing each of the s	actions in t	his 2 nage Poleace I
agree and acknowledge the terms of this Release and the	•		. •
as described above and intend to be bound by the terms	• •		
executed on my own behalf and/or on behalf of children i			that I have voluntarily
exceeded on my own benan anaron on benan or ormatern	ann legally reopenior	DIC 101	
Participant's Signature	Dated on		/20
· · · · · · · · · · · · · · · · · · ·			
Participants who are signing for children under the ag	je of 18, are requir	ed to be th	eir legal guardian.
Children under 18 are not permitted to execute this Relea	se or participate in a	any Activity	without approval of
my parent/legal guardian, who must execute this Release	on my behalf.		
List participants under 18 years old; full names and ages l	below.		
Name:			Δαρ.
Name:			_Age: _Age:
Name:			
Name:			
Name:			Age:
Name:			Λαο: