



## Acknowledgement of Risk, Waiver, and Release of Liability

I understand and acknowledge that participation in summer camps, events or programs operated or conducted by Oxbow Farm & Conservation Center ("Oxbow"), including all related activities and use of Oxbow's site and facilities, involves an inherent and unavoidable risk of injuries, harm and loss. I understand that although Oxbow takes precautions to provide proper organization, supervision, facilities and equipment, it is impossible for Oxbow to guarantee absolute safety. I understand there are numerous risks associated with participating in Oxbow's programs, including, but not limited to, physical injury from active games, exposure to sun, insect bites or stings, allergic reactions to environmental irritants or foraged foods, transportation on farm vehicles (for hay rides), and proximity to working farm equipment and to water (Oxbow Lake and the Snoqualmie River).

I authorize \_\_\_\_\_ ("Participant") to participate in the Oxbow programs and all activities they entail. On my own behalf and on behalf of Participant, **I acknowledge the risks** associated with participation in Oxbow programs and expressly and voluntarily assume these risks. **I further wave and release all claims, demands, actions, causes of action, costs, losses, expenses and liabilities ("Claims") against Oxbow (including its staff, employees, volunteers, directors and agents) that may arise from injuries, harm or loss resulting from participation in Oxbow programs, including, without limitation, any claims alleging negligence by Oxbow (including its staff, employees, volunteers, directors and agents),** to the fullest extent allowed under Washington law.

I authorize Oxbow staff to act according to their best judgment in any situation requiring medical attention for the Participant, including treatment onsite or transportation to an emergency medical center or hospital. I understand that it is my responsibility to provide medical insurance coverage for Participant while they are attending Oxbow programs, and to provide accurate and complete medical information. I acknowledge that the costs of any medical transportation or treatment provided to the child/children named in this agreement that are not covered by medical insurance will be my sole responsibility, consistent with the waiver of Claims above.

I have read this agreement carefully and fully understand its contents. I am aware that this is a release of liability and that I am giving up legal rights by signing it. If any portion of this agreement is held to be invalid, the balance shall continue in full force and effect.

Participant's full name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_

Date: \_\_\_\_\_