



PARTICIPANT WAIVER

The undersigned voluntarily agrees to participate in the _____ program sponsored by the Arlington Outdoor Education Association, Inc. from _____ to _____ 2021.

The undersigned recognizes that the Arlington Outdoor Education Association, Inc. has not undertaken any duty or responsibility for his or her safety and the undersigned agrees to assume the full responsibility for all risk of bodily injury, death, disability, and property damage as a result of participating in the _____ program. The undersigned recognizes that these risks include: hiking and general outdoors activities.

By my signature, I hereby state that I understand the risks involved in participating in the _____ program and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from the Arlington Outdoor Education Association, Inc. and its directors, officers, employees, volunteers and other agents for injury sustained and liability incurred during my participation in the activity described above. By my signature, I warrant that I am not relying on any oral representations, statements or inducement apart from the statements made on this form.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

Signature

Printed Name

Date

AOEA Inc Representative Signature

Printed Name

Date