Scoutland Assumption of Risk and Liability Release

Participant's Name:_____Birth Date:_____

School/Group Name: Cumberland School District_____

Participant is a: ☐ student ☐ parent ☐ teacher other _____

As a parent/guardian of the above-named child in the above-noted group at Scoutland, I acknowledge and am aware that this program involves certain inherent risks which I accept. These risks may include injuries relating to, but not limited to, walking on uneven trails with elevation in various weather conditions, canoeing, weather, and other people's actions. Following appropriate medical consultation, I certify that my child is fully capable of participating in the activities. In the event of an emergency, I authorize treatment by school/group staff, Scoutland staff, and emergency medical personnel.

Accordingly, I hereby release the above-noted group and Scoutland, including all of their personnel, agents, affiliates, staff, and directors, from any and all claims and liabilities with respect to injury, sickness, disease, loss, or damage sustained by the above-named child. This release applies to any and all liabilities to me or my estate, of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these released liabilities, I, or my estate, will indemnify and hold harmless the above-noted group and Scoutland for all sums incurred in response to that claim. This release is to be interpreted and enforced under Wisconsin law.

Parent/Guardian Signature_____ Date _____

SIGNER NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

EMAIL _____