

Release and Information Form

A completed, signed form must be submitted for each youth or adult participant in advance of any Wildwood program.



7095 W 399th St.
La Cygne, KS 66040

(913) 757-4500

www.WildwoodCTR.org

Please print clearly

Group/School Name: _____ Event Date: _____

Participant's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Allergies: _____

Please describe any disability or health problems that may affect your ability to participate:

Please provide the following information in case of emergency:

Person to notify: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Please read carefully and sign.

The programs at Wildwood Outdoor Education Center involve physically and emotionally demanding activities in an outdoor setting. This includes climbing, jumping, and other rigorous activities on natural and man-made structures that are on the ground or at low, medium, and high distances from the ground. You will be working with Wildwood facilitators and with others in your group. It is possible that you might be injured while participating in the program. Pregnant women, those who feel they might be pregnant or those with any known medical conditions should consult a physician prior to participation in the program.

I/We are fully aware that the programs at Wildwood Outdoor Education Center include rigorous physical activities. I/We are aware of the risks of physical injury or harm from participating in the programs at Wildwood Outdoor Education Center. I/We voluntarily elect to participate in the program. I/We assume the risk of injury or harm that could result from participating in this program. On my behalf, and on behalf of my personal representative and heirs, I hereby; release Wildwood Outdoor Education Center its officers, employees, consultants, agents, directors from all liability for any injury or harm to me from participating in the program at Wildwood Outdoor Education Center, whether the injury or harm is caused by negligence or otherwise.

I/ We give permission for Wildwood Outdoor Education Center, Inc. to administer basic first aid for minor injuries incurred while on Wildwood property and participating in Wildwood activities. It will be up to my group's leader/ school official to seek additional medical assistance for the participant listed above. I give permission and consent to allow photographs of my child to be taken during Wildwood sessions or activities. Further, I give permission and consent that any such photographs may be published electronically or in print and used by Wildwood and its agents to illustrate and promote Wildwood.

Participant's Name: _____

Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

____ Yes! Please add us to the Wildwood mailing list for information about future programs and Wildwood news and events. Preferred email address: _____