

Earth Path Education

2016/17 Liability Release Form

PLEASE INITIAL EACH STATEMENT BELOW AND SIGN AND DATE AT BOTTOM-
MUST BE COMPLETED BY EACH PARTICIPANT.

In case of emergency during, before or after Earth Path programs, I hereby request and authorize any physician, hospital and health care provider to provide medical treatment promptly.

INITIALS _____

I _____ want to participate in Earth Path Education programs. In consideration of my participation in Earth Path Education programs, I hereby release, waive and discharge Earth Path Education Staff, program site locations, and all other instructors, employees, officers, directors, agents, and volunteers from any and all liability to me, to my child, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to my child to any person or property arising out of participation of the program, whether on program site premises or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused by the negligence of Earth Path Education.

INITIALS _____

Generally, Earth Path Education staff are not trained or required to administer injections or other medical procedures or medications, except in life threatening emergencies. Earth Path Education's policy is to allow individuals to administer necessary injections to themselves, like that for the control of diabetes or Epi pens. Instructions as to necessary injections or medical procedures must be provided by a physician and accompany the medication as stated above. I request that the Earth Path Education staff consider acting on a case-by-case basis should I need an emergency injection or other medical procedure. I further hereby authorize Earth Path Education staff to examine and render emergency or urgent medical care as they deem necessary, or to transport me to emergency care if deemed necessary. INITIALS: _____

I understand that Earth Path Education reserves the right to refuse or dismiss a participant for just and reasonable cause. I understand that no refund will be issued in this case, and that I will be asked to leave the program. INITIALS: _____

I consent and authorize Earth Path Education to use my photograph for educational, marketing and public relations purposes. INITIALS: _____

Printed Name:

Signature: _____

Date: _____

Insurance Company and Policy Number:

Physician's Name and Telephone Number:
