

Parents,

In celebration of all the children's hard work and the completion of "Afternoon on the Amazon" we have planned a BIG surprise, but **SSHHH it's a SECRET!** *Nature Postings* will be coming to our school on Tuesday, May 28th to provide us with a top secret hands on experience!

We ask that each child bring in **\$6 CASH and the attached waiver signed by Wednesday, May 22nd**. (fill out/sign all highlighted areas)

Please do not tell the children as we would like them to come to school that day as normal and truly be surprised.

Thank you in advance 😊

The First Grade Team





Nature Postings Inc.
ACCIDENT WAIVER AND RELEASE OF LIABILITY

Between Nature Postings Inc. and PARTICIPANT:

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Mobile: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____

Accident Waiver and Release of Liability

In consideration of my application and permitting me to participate in Nature Postings Inc. program, excursion, study session, camp, retreat or ANY related activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: **(Please initial each statement in order to participate in any program)**

_____ 1) I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH NATURE POSTINGS INC, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

_____ 2) I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity. NATURE POSTINGS INC EMPLOYEES ARE NOT RESPONSIBLE FOR MY HEALTH OR MEDICATIONS.

_____ 3) I acknowledge that this Accident Waiver and Release of Liability Form will be used by the NATURE POSTINGS INC, sponsors, partners, organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

_____ 4) I WILL NOTIFY NATURE POSTING EMPLOYEE, OF ANY ACCIDENTS OR PHYSICAL BODILY INJURY WHERE A PERSON IS HURT AND NEEDS MEDICAL ATTENTION. NATURE POSTINGS INC. ARE NOT HELD ACCOUNTABLE FOR ANY BODY INJURY OF ANY PARTICIPANT OR ANY PERSON RELATED TO THE PARTICIPANT.

_____ 5) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of NATURE POSTINGS INC., EMPLOYEES, related entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my participation, traveling to and from this activity, event or any related activity with Nature Postings Inc. and/or their directors, officers, employees, volunteers, representatives, partners and agents, and the activity holders and sponsors;

_____ 6) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

_____ 7) I acknowledge that NATURE POSTINGS INC. and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

_____ 8) I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, animal encounters and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

_____ 9) I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during any activity and understand that NATURE POSTINGS INC. (and/or their directors, officers, employees, volunteers, representatives, partners and agents, activity holders and sponsors), ARE NOT RESPONSIBLE for any medical expenses and/or treatment.

_____ 10) I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

_____ 11) The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

_____ 12) I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Name

Participant's Signature

Age

Date

Parent or Legal Guardian MUST ALSO SIGN if participant is under 18 years of age

Discovering the Truth in Nature's Voice