

WALLED LAKE OUTDOOR EDUCATION CENTER
MEDICAL CARE AUTHORIZATION FOR ADULT
WAIVER AND RELEASE OF LIABILITY

Waiver for participants 18 years of age and over. The activities at the Walled Lake Outdoor Education Center (the WLOEC) are challenging, strenuous and may not be suitable for individuals who are not in good health and condition. The activities incorporate a variety of activities from hiking, games, and initiatives to more strenuous challenges such as low ropes, high ropes, climbing walls or zip lines. Serious injuries are rare. However, the activities at the WLOEC are such that there is the possibility of serious injury or death. Therefore, WLOEC participants are required to complete and sign this Medical Care Authorization Waiver and Release of Liability form. Prior to your visit, your group leader should inform you as to which activities you will participate in during your visit. Questions concerning WLOEC activities and this form may be directed to Stuart Riley at (248) 956-5120.

Medical Care Authorization

I hereby authorize employees and agents of the Walled Lake Consolidated Schools (the District) or the WLOEC to secure routine medical care and emergency medical and surgical care at my sole cost.

Name (Print)

Address:

Insurance Information:

Number and Street

Insurance Company

City, State and Zip

Policy Number

Telephone

Subscriber's Name

Emergency Contact and Telephone

Accommodation

Email Address

The District, EDUstaff and the WLOEC, in certain cases, have a legal duty to reasonably accommodate participants. Please indicate if you have any physical or mental condition, allergy, etc. that you believe requires accommodation and, if so, the nature of accommodation requested:

Release and Indemnification

I hereby release the District and the WLOEC (including their employees, agents, representatives, EDUstaff, and assigns [the Released Parties]) and other participants of and from any and all claims and liabilities whatsoever, whether known or unknown, arising from or relating to my participation in the WLOEC’s activities and programs (the Released Claims). The Released Claims include, but are not limited to, claims and liabilities arising from the Released Parties’ negligence or otherwise, to the fullest extent permitted by law. I also agree to indemnify the Released Parties, and hold them harmless, from the Released Claims and all resulting actual attorneys’ fees and costs. I understand and agree the District, EDUstaff and the WLOEC are not required to offer me the opportunity to participate in the activities and programs offered at the WLOEC and that the District, EDUstaff and the WLOEC’s permission to participate in such activities and programs is legal and sufficient consideration to bind me to the terms of this Release and Indemnification.

I have read and understand this entire Medical Care Authorization, Waiver and Release form. I realize this is a legally binding agreement that may not be modified or rescinded except by another written document signed by me and a legally authorized District representative.

Signature _____ **Date** _____

Closed toed shoes are required for all participants (No sandals/No high heels). Dress appropriately for the weather.

Authorization for Audio and Visual Records

I understand and agree the District and the WLOEC may make audio and/or visual recordings of me participating in activities and programs at the WLOEC. I understand such audio and/or visual recordings are the sole property of the District and the WLOEC and may be used and distributed at the District or WLOEC’s discretion.

Signature _____ **Date** _____

Office use only: Arrival Date: _____

Departure Date: _____