

**WANDER WISCONSIN
ACKNOWLEDGMENT AND ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY**

Trip: Youth Trek at Point Beach State Forest

Name of Participant (please print)

Date: July 19-23, 2010 (5-Days/2-Nights)

In this document, Wander Wisconsin means, Wisconsin Youth Company, Inc. a Wisconsin non-profit corporation and its officers, directors, employees and agents and any volunteers.

I understand that there are certain risks associated with my participation in the above trip, which includes the activities of camping, fishing, swimming, hiking, orienteering, canoeing and caving. I know that these risks include, in the extreme, serious and permanent bodily injury and death. I know that by participating in the above activities I could be injured as a result of:

- 15 passenger van or bus travel, including mechanical breakdown, accidents and activities that may include interaction with the public and related exposures.
- Contact with hazardous plants such as poison ivy, wild or domesticated animals and harmful insects.
- Effects of routine change on general health including sleeping or eating habits.
- Weather hazards such as lightning, flood, high winds including tornadoes; cold and heat related injuries and illnesses including hypothermia (rapid and medically serious loss of body temperature), heat exhaustion, heat cramps, sunstroke, dehydration and sunburn.
- Active trip elements including walking on slippery and wet surfaces or landings and trails; hiking on rough, uneven, hilly terrain or through forests with potentially low-hanging or fallen branches; diving accidents and water hazards.
- Canoe accidents, including drowning; collision, capsizing or sinking of the canoe; falling in or out of the canoe; contact with cold, deep or fast-moving water or contact with overhanging or submerged objects.
- Caving accidents including walking on slick or rough surfaces in caves, poor footing, falls, rope abrasion or entanglement, hypothermia, falling rocks and equipment failure.
- Failure to recognize and respect the potential hazards of campfires or of equipment misuse and malfunction including life jackets, stoves, cutting knives, fish hooks, fish fillet knives, tent poles and lanterns.
- Unavailability of first aid, emergency treatment or other services in the field or wilderness setting.
- Fatigue, illness, chills or dizziness, which may diminish reaction time and increase the risk of accident.
- Misjudgment, lack, or loss of physical coordination, balance, skill level – including swimming ability; or failure to understand, interpret, or follow rules, directions and instruction.

I am aware that while Wander Wisconsin trip staff meet ACA (American Camp Association) requirements and do their best to insure safety, they may not accurately interpret the risks associated with the exposures they may encounter. I further realize that this list does not include all of the risks associated with the above activities.

WAIVER AND RELEASE OF LIABILITY. IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE ABOVE ACTIVITY, I AND MY PERSONAL REPRESENTATIVE, HEIRS, GUARDIAN AND NEXT OF KIN HEREBY WAIVE AND RELEASE ALL CLAIMS OF ANY NATURE I MAY HAVE AGAINST WANDER WISCONSIN FOR ANY LOSS, DAMAGE OR EXPENSE RELATED TO MY PERSONAL INJURY, DEATH OR LOSS OF PROPERTY, RESULTING FROM MY PARTICIPATION IN THE ABOVE ACTIVITY AND CAUSED BY WANDER WISCONSIN'S NEGLIGENCE.

ASSUMPTION OF RISK. I ASSUME AND ACCEPT FULL RESPONSIBILITY FOR ANY LOSS, DAMAGE OR EXPENSE I MAY SUSTAIN OR INCUR, INCLUDING THOSE RELATED TO MY PERSONAL INJURY, DEATH OR LOSS OF PROPERTY, RESULTING FROM MY PARTICIPATION IN THE ABOVE ACTIVITY AND CAUSED BY WANDER WISCONSIN'S NEGLIGENCE.

INDEMNIFICATION. I HEREBY INDEMNIFY AND AGREE TO HOLD HARMLESS WANDER WISCONSIN FROM ANY LOSS, DAMAGE OR EXPENSE, INCLUDING REASONABLE ATTORNEYS' FEES, FOR ANY CLAIMS MADE AGAINST WANDER WISCONSIN BY ANY THIRD PARTY FOR MY PERSONAL INJURY, DEATH, OR LOSS OF PROPERTY CAUSED BY WANDER WISCONSIN'S NEGLIGENCE.

I have read, clearly understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative, and estate for all members of my family, and specifically for any minor children for whom I am responsible. I know that I have given up substantial rights by signing this document.

Parent/Guardian Signature: _____ Signature of Participant: _____

Parent/Guardian Name (Please Print): _____ Date: _____