

# Rolling Ridge Foundation Release Form

A PARENT/GAURDIAN MUST FILL OUT ALL ITEMS IF PARICIPANT IS UNDER 18 YEARS OLD. NO ONE WILL BE ALLOWED TO PARTICIPATE IN A ROLLING RIDGE FOUNDATION ACTIVITY WITHOUT A COMPLETED RELEASE FORM.

Name(s) \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Group or Organization you are coming with \_\_\_\_\_

## In case of an emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I understand that the above stated person will be participating in activities upon Rolling Ridge Foundation properties. I also understand that the activities which participants will take part in may include, but are not limited to: motor vehicle transportation, property maintenance, use of non motorized trail maintenance tools, hiking, canoeing, swimming, mountain biking, low ropes course events, high ropes course events and/or rock climbing. While I expect proper supervision and safety precautions where applicable, I understand that I assume the risk for any and all liability arising from such activities and do hereby agree to release and forever discharge Rolling Ridge Foundation, For Love of Children Inc., Rolling Ridge Study Retreat, Friends of Wilderness Center, their agents and employees, and their successors and assigns, any and all claims, demands, rights and causes of action whatsoever kind of nature, arising from and by reason of any occurrence, accident, event, or other happening arising out of the grant of and the use of such permission by me, hereby expressly releasing the aforesaid from any and all liability. While on Rolling Ridge Foundation property, I authorize First Aid to be administered when necessary. I also authorize Rolling Ridge Foundation representatives to transport the above stated participant to a medical facility for necessary emergency care.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (If participant is under 18)

\_\_\_\_\_  
Date

## PERMISSION FOR PHOTOGRAPHING

*I hereby give permission to FLOC to take still photos or video of me. I further give my permission for the photos or film to be used, as FLOC deems appropriate for publicity and fund raising only.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (If participant is under 18)

\_\_\_\_\_  
Date

Check here if you do not allow photos or video to be used.