



Forest Therapy For Me

Exploring Nature's
Healing Power

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

Name of Participant : _____

Date of Program : _____

Forest Therapy is an outdoor activity. I am aware that there are risks involved.

The risks include, among other things: Slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; equipment failure; improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

The Forest Therapy Guide practices according to safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, incorrect information, and the equipment being used might malfunction.

1. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Forest Therapy Guide from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity.
3. Should the Forest Therapy Guide or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Forest Therapy For Me Guide, Maggie Brown. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____

Print Name _____

If Under 18, Signature of Parent or Legal Guardian: _____

Address _____

Email _____

Phone _____ Date _____