

**Walden West Backpack Adventures
Release Agreement**

I understand that there are risks and dangers inherent in participating and/or receiving instruction during Walden West Backpack Adventures programs. I also understand that in order to be allowed to participate and/or receive instruction in the Walden West Backpack Adventure programs, I must give up my rights to hold Walden West and the Santa Clara County Office of Education liable for any injury or damage which I may suffer while participating and/or receiving instruction in the Walden West Backpack Adventures programs.

Knowing this, and in consideration of being permitted to participate and/or receive instruction in the Walden West Backpack Adventures programs, I hereby voluntarily release Walden West and the Santa Clara County Office of Education from any and all liability resulting from or arising out of my participation and/or receipt of instruction in the Walden West Backpack Adventures programs.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the employees, officers, and agents of those entities.

I understand and agree that this Release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in the Walden West Backpack Adventures programs. This Release constitutes a complete release, discharge and waiver of any and all actions or causes of action against Walden West and the Santa Clara County Office of Education, its employees, officers, and agents.

I understand and agree that this Release applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in the Walden West Backpack Adventures programs.

I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children.

I understand and agree that if I am signing this Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf.

In the case of injury, I hereby authorize the Walden West staff to render first aid and/or obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment, regardless of whether my medical insurance would cover such charges and fees.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in the Walden West Backpack Adventures programs.

I am the parent or legal guardian of the minor (print name): Last _____ First _____

Parent / Guardian Name (Parent): Last _____ First _____

Parent / Guardian Signature: (X) _____