

Dr. Mattie M. Decker
Nature and Forest Therapy Guide

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

Name of Participant: _____

Date of Program: _____

In consideration of the services of Dr. Mattie M. Decker, her agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release, indemnify, and discharge Dr. Mattie M. Decker, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that outdoor activities in natural areas entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

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.

Furthermore, Dr Mattie M. Decker has difficult jobs to perform. She seeks safety, but she is not infallible. She might be unaware of a participant's fitness or abilities. She might misjudge the weather or other environmental conditions. She may give incomplete warnings or instructions, incorrect information, and the equipment being used might malfunction.

2. 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.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SY/CRP from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Dr. Mattie M. Decker's equipment or facilities, including any such claims which allege negligent acts or omissions of Dr. Mattie M. Decker.

4. Should Dr. Mattie M. Decker, or anyone acting on her 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.

5. 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.

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6. In the event that I file a lawsuit against Dr. Mattie M. Decker, I agree to do so solely in the jurisdiction of North Carolina, and I further agree that the substantive law of North Carolina shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

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 Dr. Mattie M. Decker on the basis of any claim from which I have released them herein. 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 _____

Date _____

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

Address _____

Email _____

Phone _____