

Outdoor Ecotherapy Release Form

Name _____ Phone _____

Emergency Contact _____ Phone _____

Please list any allergies (insect bites, bee stings, medications, etc.) PLUS any medical alert info:

Liability Waiver

Ecotherapy individual sessions and programs offered by Ariana Candell support participants in experiencing a deep and nurturing connection with the natural world, as well as a depth experience in their internal world. These programs involve a modest level of physical activity and great care is taken to support participants' well-being. Nevertheless, participation in any physical exercise or outdoor activity involves inherent risks that cannot be eliminated, regardless of the care taken to avoid injuries.

I _____ understand that this event carries with it inherent risks that include, but are not limited to: bruises, sprains, other injuries, exposure to poison oak, and reactions to insect bites or stings.

I agree to assume **full responsibility** for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation in the event. By signing my name below, I acknowledge that participation in the event exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Ariana Candell, all other participants, and the owner(s) of the premises from any and all liability, negligence or other claims arising from or in any way connected with the event.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action regarding this event against Ariana Candell, any other participant or the owner(s) of the premises; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature is binding to this liability waiver from this day forth. I HAVE READ THE ABOVE AND FULLY UNDERSTAND ITS PROVISIONS.

I give my permission to Ariana Candell to seek emergency medical diagnosis or treatment for me in the event that I am unconscious or unable to make my own decisions. Our role in offering medical treatment will be limited to emergency first-aid and either transportation to the nearest medical facility, or contacting such a facility to arrange emergency transport.

_____ (Signature) _____ (Date)

