

Participant Agreement and Release Form

For ONE WITH NATURE FOREST THERAPY

Name of participant: _____

Email: _____ Cell # _____

Date of event: _____ Location of Nature/Forest Therapy Experience: _____

Part 1: Liability Release. You are responsible for your own well-being and safety on this walk.

1. I acknowledge that outdoor activities in natural areas entail known and unanticipated risks that could result in injury.
2. I agree and promise to accept responsibility for my own safety and well-being during this activity. I understand that I may at any time opt to not participate in any part of the activity should I feel that it is not safe, or simply that I do not want to participant for any reason.
3. I voluntarily release and hold harmless ONE WITH NATURE and the Association of Nature and Forest Therapy Guides and Programs (ANFT) and the individuals who are acting as guides on this walk from any and all claims of liability which are in any way connected with my participation in this activity.
4. If I have a medical condition or health concern that I think the guides should be aware of, I will verbally inform them at the beginning of the walk. (Like any allergies, or other medical conditions.). If I need special ADA accommodations, I will call ahead of time to insure our session location is appropriate.
5. Yes () I agree to the above conditions.
☐ No () I do not agree to the above conditions.

Part 2: Model Release: With your permission, ONE WITH NATURE may take photographs of you and your group on this walk. We would like your permission to use these photographs in promotional materials which may include social media, website, printed flyers and books, and videos. We are sometimes asked by news reporting agencies and publications to provide photos for articles they are writing about nature connection topics. We do this at no charge. We promise to carefully select photographs that show you in a way that we are confident you will like. **If you are not comfortable with having photos that include you taken and possibly used in these ways, we prefer that you mark “No” in the box below;** we want for you to have a relaxed and stress-free experience.

- ☐ Yes () You may take photographs of me and use them as described above.
- ☐ No () I prefer not to be photographed.

Signature _____ Date: _____

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

City of Residence: _____

Elizabeth Mills, One with Nature Forest Therapy, Lancaster County, PA

<https://restawhile.us> (717) 330-7836 ~ gotnature@icloud.com