



NORTH CASCADES INSTITUTE

810 State Route 20, Sedro Woolley WA 98284
360-854-2599 www.ncascades.org

PARTICIPANT INFORMATION AND RELEASE

Thank you for participating in a North Cascades Institute program.
Please take a few moments to complete this form and sign the release on page 2. We will request this form when you arrive.

Title of program/class _____ Date(s) _____

Participant name (Last)	(first)	(middle initial)	Birth date	Gender (circle one) M F Other
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Mailing Address	City	State	Zip	County
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Home phone ()	E-mail address
Cell phone ()	
Work phone ()	

EMERGENCY CONTACTS
Please provide contacts who are not on site at the Learning Center.

Name of contact	Relationship to participant
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Work phone ()	Cell phone ()
Home phone ()	E-mail Address

Name of contact	Relationship to participant
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Work phone ()	Cell phone ()
Home phone ()	E-mail address

HEALTH INFORMATION
*The information you provide may be critical to emergency medical responders in the event you become ill or injured.
All personal information will be kept strictly confidential.
(The Learning Center campus is more than an hour from definitive medical care.)*

Please describe any serious medical conditions you are experiencing, medications you are taking, or any allergies that you may have. Please include any medical information or medical history that may help emergency medical responders.

For programs with meals provided: Do you have any dietary restrictions (e.g., food allergies, vegetarian, dairy products)? If yes, please describe.	YES	NO

ASSUMPTION OF RISK AND AGREEMENTS OF RELEASE AND INDEMNITY

I understand that I will be participating in activities provided by North Cascades Institute, a Washington nonprofit corporation, and its agents, associates and independent contractors ("NCI"). The activity in which I will be participating has been described to me and NCI staff have been available to answer my questions.

I acknowledge NCI's activities involve known and inherent risks, as well as unknown/unanticipated risks. Inherent risks may include those ordinarily associated with moderate to vigorous physical activity in high-altitude or wilderness terrain. Activities can occur in remote places where communication may be difficult and medical care significantly delayed. Travel may be by canoe, kayak, motorboat, automobile, van, bus or on foot, over rugged unpredictable off-trail terrain including boulder fields, downed timber, rivers, rapids, river crossings, mountain passes, snow and ice, steep slopes, slippery rocks, steep crevassed glaciers, ocean tides and currents, waves and reefs. Activities may include hiking, backpacking, mountaineering, canoeing, kayaking, cooking with stoves and working with sharp tools. I understand that travel and outdoor activities will be subject to unpredictable forces of nature including extreme weather, falling rock, avalanches, lightning, wildfires and earthquakes, insects, snakes and predators. Participants may be exposed to animals who may cause serious harm and whose behavior cannot be predicted; participants may be exposed to polluted or contaminated water; equipment may fail or malfunction despite reasonable maintenance and use; errors of judgment or negligence may occur, by instructors, co-participants or myself. The preceding risks, hazards and dangers may result in a variety of illnesses and injuries including, but not limited to, hypothermia, frostbite, high-altitude illnesses, heat stroke, dehydration and suffering sprains, fractures, cold water immersion, drowning and other trauma including sickness, mental distress, disability or even death.

I expressly agree and promise to accept and assume all of the risks existing in the NCI activity for which I am participating, including, but not limited to, those listed above. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I also hereby voluntarily release, forever discharge and agree to indemnify and hold harmless NCI, its directors, trustees, staff, agents, associates and independent contractors ("released parties") from any and all claims, demands or causes of action that are in any way connected with my participation in this activity or the use of NCI's equipment or facilities, including all such claims that allege negligent acts or omissions of NCI. **I hereby agree to indemnify NCI and all released parties from any claim made by me or my heirs or survivors on account of any injury or loss that I may suffer arising in any way out of the activity. I further indemnify NCI and all released parties from a claim that might be brought by a co-participant arising in any way from my conduct.**

The following provisions apply to all NCI activities, wherever they occur:

- ***I am in general good health and have no medical or physical condition that could interfere with my participation in the NCI activity or interfere with my health or safety or the safety of any other participant.*** I certify that I have 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, including the cost of any evacuation and medical care.
- I authorize and consent to NCI, National Park Service (NPS) or Forest Service (FS) taking photographs and video film of my participation in its programs, and to the unrestricted use and publication of my name and such photos or videos to promote the activities of NCI, NPS or FS.
- I agree that in the event I should have any claim against NCI or any released party such claim or suit shall be brought in the Superior Court of State of Washington, for Skagit County, and that substantive Washington law (and not only conflict of law rules) rather than the law of any other state or jurisdiction shall be applied in any legal action involving the interpretation, validity and/or enforceability of this agreement, and that any legal action resulting from my participation in this activity shall be brought only in the aforesaid Superior Court.
- I agree that in the event any portion of this agreement is deemed invalid or unenforceable, all other portions of this agreement shall remain in full force and effect.

By signing this document, I acknowledge that 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.

Participant signature _____ Print name _____

Participant age ____ or ____ (check if 18 years or over as of start date of activity) Date _____

Parent signature (if participant under 18) _____ Print name _____