



Your Way in the Wild  
Indoor / low course / team builders

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,

Recognize that my dependent will be involved in activities with Thrive Outdoors requiring balance, movement, and working with others. These activities may include low / ground level obstacles, different types of team and leadership building challenges, and outside the box thinking.

I understand that these and other activities present a wide variety of risks to the participant (in this case, my dependent) most of which are not easily foreseeable, that could result in loss, damage, injury, or death. These adverse conditions may include, but are not limited to; trips, slips, falls, bumping into others, and other accidents out of the control of Thrive Outdoors and its affiliates.

I understand that Thrive Outdoors cannot be held responsible for injury, loss, or death caused by my dependents disregard for rules or procedures, both written and verbal, given by Thrive Outdoors - or by unforeseeable events such as, but not limited to, the items listed above. My dependent has been instructed to follow the direction and guidance of Thrive Outdoors instructors / guides to the best of their ability at all times. I understand that Thrive Outdoors has put much care and planning into these outings and will do their best to treat my dependent as if they were their own in regard to decisions of wellbeing and medical care in my place.

I, and my dependent, are aware that there are risks involved in the activities associated with Thrive Outdoors programing as well as any programs involving physical activity and I have elected to allow my dependent to participate to the fullest with all aspects of the particular package and course curriculum, to include any transportation required for said activities (if required). I have explained the rules and regulations, risks, and best practices of these activities with my dependent and am confident they understand. By signing this form I am agreeing to all terms and conditions and stating that I allow my dependent to participate fully.

I have read this agreement and either have no questions concerning it or attest that I have cleared all questions up with a Thrive Outdoors representative. Please allow my dependent to participate in all activities, including any activities that may not have been purchased but are being offered for free by Thrive Outdoors Instructors on site.

\_\_\_\_\_  
Name of parent/guardian (Please print)                      Signature of parent/guardian                      Date

\_\_\_\_\_  
Name of participant (Please print)

Emergency contact phone Number: \_\_\_\_\_

Emergency contact email: \_\_\_\_\_