

The Cabin Path, LLC (MUST BE SIGNED BEFORE WORKSHOPS AND TOURS)

RELEASE, LIABILITY WAIVER, INDEMNIFICATION AND ASSUMPTION OF RISK **I HEREBY ASSUME ALL OF THE RISK OF PARTICIPATING IN THESE**

ACTIVITIES, In consideration of being allowed to enter upon the property of The Cabin Path, LLC, including without limitation the entrance, parking area, woods, trails, lake and creeks on said property in College Park, Georgia for recreational purpose including without limitation the trails and hiking, fishing, picnicking, nature study, and sightseeing. I, the undersigned, my heirs, and anyone else who might claim or sue on my behalf will indemnify, defend, and hold harmless, The Cabin Path, LLC, and its sponsors.

I know and fully understand that outdoor nature workshops, hiking, wildlife, horses, and fishing are outdoor activities with inherent risks and hazards where serious accidents can occur, **participants can die, sustain injuries, and damage property. I acknowledge and willingly assume all risks and hazards.**

I am in good health and have no physical conditions that would prevent me from participating in the above activities. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and /or illness during these activities.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

I understand that I am giving up substantial rights by signing this document. I agree to use all recommended safety equipment and to abide by all warning and safety recommendations. **I agree that the use of alcohol or drugs** during the workshops will result in dismissal with no refund.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I AM SIGNING IT OF MY OWN FREE WILL.

Signature of Participant

Date

PARENTAL CONSENT, RELEASE, LIABILITY WAIVER AND INDEMNIFICATION

I hereby certify that I am the parent or legal guardian of (print name(s),

AGE: _____ a minor (child)

and that I have read the release set forth above. I understand that for my child to participate in these activities, I hereby consent to my child's participation and agree on behalf of my child, my spouse, and myself or other legal guardians of said child to release the The Cabin Path, LLC and waive liability from all claims outlined above. I understand that I am giving up substantial rights by signing this document.

Parent signature

Print Name

Date