



## 2021 EcoDiscovery Experience (aka EcoDiscovery) Release Form

I, the legal guardian of (child's name) \_\_\_\_\_, an EcoDiscovery participant, warrant that the he or she is physically fit and able to participate in the program activities, and consent to Mark Mobius or his staff to seek medical attention and treatment or other measures deemed necessary or advisable for the participant in his/their discretion or judgment in the event of an accident, sudden illness, or other condition that occurs while the participant is in the care or under the supervision of the EcoDiscovery staff.

I further understand that EcoDiscovery staff will make reasonable efforts to notify me in the case of an accident, sudden illness, or other condition, and I authorize EcoDiscovery staff to seek such care or treatment, and for any care or treatment to be administered, whether or not I am contacted. By signing this form, I hereby release Mark Mobius and all EcoDiscovery Experience personnel from and of any liability for such decisions or actions in seeking medical care and agree to pay all the costs and fees for the medical care or treatment authorized. In consideration of receiving permission from Mark Mobius to participate in EcoDiscovery Experience during the 2021 season, I understand and acknowledge that (child's name) \_\_\_\_\_ is proceeding at his or her own risk. I further acknowledge that neither Mark Mobius nor EcoDiscovery Experience makes any warranties or representations, express or implied, regarding the condition or safety of the various activities, during the 2021 EcoDiscovery Experience. I also warrant that participation in this program is voluntary and that the participant and I understand the inherent risks involved in outdoor activities.

I hereby agree to release, hold harmless, and indemnify Mark Mobius & the EcoDiscovery staff (including its agents, servants, and staff) from any and all loss, liability, or expense with respect to bodily injury (including death) or property damage which might result or arise out of participation in EcoDiscovery during this season.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing address:

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

Printed name of parent or legal guardian \_\_\_\_\_

***\*PLEASE ANSWER QUESTIONS ON NEXT PAGE\****

## ADDITIONAL INFORMATION

**Is your child known to be allergic to anything?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe, including the severity of the response and any control methods used.

**Does your child have any special needs or conditions that may impact their EcoDiscovery Experience?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe and let us know what accommodations we can make to ensure that their experience at EcoDiscovery is enjoyable.