

Leelanau Outdoor Center
Adult Participation Release and Indemnification

Participant's Name _____

Date of Birth ____ / ____ / ____

Address _____

Phone Number _____

School/Organization _____

The undersigned desires to participate in and attend a Leelanau Outdoor Center program, to be held during 2022 at the Leelanau Outdoor Center / Camps Leelanau/Kohahna property in Maple City, Michigan, subject to the terms, conditions and understandings set forth below.

For and in consideration of the Leelanau Outdoor Center permitting me to participate voluntarily in a Leelanau Outdoor Center program, I hereby expressly assume all the risks associated with the Leelanau Outdoor Center program, and I release, waive, indemnify and hold harmless the Leelanau Outdoor Center, its owner, the Camps Leelanau/Kohahna Foundation, and their respective officers, directors, employees, and agents from all claims, demands, suits, causes of action, or judgments which I ever had, now have, or may have in the future or which my family, heirs, executors, administrators, or assigns may have, or claim to have against the Leelanau Outdoor Center or the Camps Leelanau/Kohahna Foundation, and their officers, directors, employees, or agents, arising out of or in any way connected with the Leelanau Outdoor Center program, for all personal injuries, known or unknown, property damages (including theft), or claims for wrongful death, caused by the acts, omissions or negligence of the Leelanau Outdoor Center or the Camps Leelanau/Kohahna Foundation, and their officers, directors, employees, or agents.

I sign this instrument voluntarily, and with full knowledge and understanding of the rights I hereby waive and release. If any provision hereof is invalid or unenforceable, the other provisions shall remain in full force and effect.

Photo Release

I also give permission for photographs and videos of me to be used in print or broadcast media as deemed appropriate for the promotion of any Leelanau Outdoor Center programs or activities.

Signature of Participant: _____

Printed Name: _____

Date: _____