



THE WINDWARD FOUNDATION, THE WINDWARD EDUCATION AND RESEARCH CENTER

**Assumption of Risk of Injury and Release from Liability**

I, \_\_\_\_\_, acknowledge that The Windward Foundation and the Windward Education and Research Center (collectively "Windward") is located on rough, forested terrain in Klickitat, Washington, and in consideration for entry on that land, and to participate in activities to be held there During Beltaine in the Grove, do hereby waive any claim for liability for any injury to myself or damage to my property I may receive by reason of participating in those activities. I specifically agree that I am responsible for any equipment and tools I may use, and for my personal safety, and voluntarily accept all risks associated therewith.

In the event of a dispute arising out of my participation in this event, I agree to work through the internal dispute resolution procedures of The Windward Foundation. If these procedures do not lead to the resolution of the dispute, I agree to submit it to binding arbitration in accordance with the rules for commercial arbitration of the American Arbitration Association (AAA) with three arbitrators, (one chosen by myself, one chosen by Windward and those two to then select the third). The arbitration will take place in Klickitat County, the laws of Washington will apply and all parties will be entitled to discovery pursuant to the procedures available in litigation in Washington.

THE UNDERSIGNED AFFIRMS THAT HE OR SHE HAS READ AND UNDERSTOOD THIS STATEMENT AND AGREES THAT THIS IS A WAIVER OF ALL CLAIMS ARISING FROM PARTICIPATION IN THE EVENT DESCRIBED ABOVE TO THE EXTENT PERMITTED BY LAW.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**MINOR'S WAIVER**

Note that parental signature binds both the parent and the minor to this agreement.

Dated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Name(s) of Minor(s): \_\_\_\_\_

\_\_\_\_\_



LIABILITY AND MEDICAL RELEASE FORM

**REQUIRED**

Parents and Guardians must sign for participants under 18.

I, \_\_\_\_\_, agree that I take full responsibility for myself and my actions and hold the members of Spiral Grove Coven, the staff of Beltaine in the Grove, and The Windward Education And Research Center absolutely blameless for any damages, losses, accidents, injuries, or any unnamed random acts of harm to me or my possessions that may occur.

I further give any Beltaine in the Grove staff member permission to make medical decisions for me, or the minors in my care, in the event that I unavailable to do so, until my emergency contact person can be reached.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Names Of All Minors Attending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other pertinent medical information? E.g. Diabetic? Asthma? Bee Allergy? Other? (We will not share this information with anyone outside of a necessary need due to medical emergency.)

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