



ACKNOWLEDGMENT, ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

Please read this form carefully, and complete and return to:
Wilderness Programs, Esalen Institute, Big Sur, CA 93920

Acknowledgment I acknowledge that as part of my participation in the program indicated below, I may be exposed to certain risks from being in rugged wilderness areas, including but not limited to: injury in the course of transportation to hiking areas, injury from hiking on unimproved trails or on uneven terrain, from falls from cliffs or on slopes or into water, from falling debris, from exposure to the elements including extreme heat and cold, and from various other natural conditions or forces whose nature and effects cannot be foreseen. I also acknowledge the general risk I will face being in a remote region without means of rapid evacuation or emergency medical facilities or services.

Assumption of Risk I am voluntarily participating in the program indicated below, with full knowledge of the risks that may be involved. I accept and assume all risks of and responsibility for injury, death, loss or damage of any kind, and verify this statement by placing my **initials here:** _____.

Release from Liability I release from liability and will not hold responsible ESALEN INSTITUTE, and its members, trustees, officers, employees, agents, contractors or volunteers (collectively "ESALEN RELEASEES") for any injury, loss or damage of any kind arising out of or in connection with my participation the program indicated below, whether resulting from my own negligent acts or omissions, from the acts or omissions of third parties, or from the acts or omissions of any ESALEN RELEASEE. I release and agree to indemnify and hold harmless, ESALEN RELEASEES from and against all actions, claims or demands that I, my assignees, heirs, distributees, guardians and personal or legal representatives now have or may have in the future for any injury, death, loss or damage of any kind resulting from my participation in the program indicated below. Nothing in this document is intended to waive any of claims under workers' compensation law, if applicable.

I UNDERSTAND THAT BY SIGNING THIS FORM, I AM RELINQUISHING CERTAIN LEGAL RIGHTS.

I understand that my completion of this form is required prior to participating in the program indicated below, and that it serves as consideration from me to ESALEN INSTITUTE, together with the fee that I have paid to ESALEN INSTITUTE for the right to participate in that program.

I certify that, to the best of my knowledge, I am in good physical condition and can participate in the program indicated without causing undue risk or harm to my health. I further certify that I have read this form carefully and understand its contents, and verify this statement by placing my **initials here:** _____.

Name of Program

Signature of participant

Date

Name of participant-please print

Address

Signature of Parent or Legal Guardian if Participant under 18

Telephone Number

Person to notify in case of emergency

Telephone Number

Doctor's Name, City, State, and Telephone Number

Medical Insurance Name

Policy Number