

**WYMAN Program Participation Consent  
(for Adult Participants)**

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*PARTICIPANT'S NAME:* \_\_\_\_\_  
*DATE:* \_\_\_\_\_  
*ADDRESS (Street, city, state, zip):* \_\_\_\_\_  
*PHONE (Day & Night):* \_\_\_\_\_

I, the undersigned, am over 18 and applying to participate in programs provided by Wyman during the year \_\_\_\_\_. I am aware that there are potential hazards and risks involved in some programs. I am willingly participating in all aspects of the residential and/or day camp program (including field trips and transportation) under the supervision of Wyman staff.

Signature of Applicant: \_\_\_\_\_

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**ACKNOWLEDGEMENT OF RISK & CONSENT TO  
PARTICIPATE IN ADVENTURE ACTIVITIES**

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*To participate in adventure programs like canoeing, caving, climbing,  
& the high ropes course, this portion must be signed.*

I am aware that during adventure activities in which I am participating under the arrangement of Wyman, certain dangers may occur. These include, but are not limited to, traveling in rugged terrain; accidents or illness in remote areas without access to medical facilities; and the forces of nature.

I acknowledge that there can be no guarantee of absolute safety against risk and unforeseen accident. I understand that although Wyman has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible to guarantee absolute safety. I willingly consent to participate in Wyman adventure activities.

I agree to hold harmless and indemnify Wyman, its' Board of Trustees, and/or its' employees, agents, or lessors from any and all claims by myself, my heirs, my family, or my assigns.

I accept responsibility for verifying my health and medical history and certify that I have no physical or psychological problems that would prohibit participation in adventure activities.

I have carefully read this acknowledgement and sign this of my own free will.

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

**WYMAN Program Participation Consent  
(for Youth Participants)**

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*PARTICIPANT'S NAME* \_\_\_\_\_  
*DATE:* \_\_\_\_\_  
*ADDRESS (Street, city, state, zip):* \_\_\_\_\_  
*PHONE (Day & Night):* \_\_\_\_\_

I, the undersigned, am the parent or Legal Guardian of the child named above who is applying to participate in programs provided by Wyman during the year \_\_\_\_\_. I am aware that there are potential hazards and risks involved in some programs. I am willingly allowing the child mentioned above to participate in all aspects of the residential and/or day camp program (including field trips and transportation) under the supervision of Wyman staff.

Signature of Parent or Legal Guardian: \_\_\_\_\_

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**ACKNOWLEDGEMENT OF RISK & CONSENT TO  
PARTICIPATE IN ADVENTURE ACTIVITIES**

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*Your child may have the opportunity to participate in adventure activities like canoeing,  
caving, climbing, & the high ropes course. This portion must be signed to allow participation.*

I am aware that during adventure activities in which my child is participating under the arrangement of Wyman, certain dangers may occur. These include, but are not limited to, traveling in rugged terrain; accidents or illness in remote areas without access to medical facilities; and the forces of nature.

I acknowledge that there can be no guarantee of absolute safety against risk and unforeseen accident. I understand that although Wyman has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible to guarantee absolute safety. I willingly consent to my child's participation in Wyman adventure activities.

I agree to hold harmless and indemnify Wyman, its' Board of Trustees, and/or its' employees, agents, or lessors from any and all claims by myself, my child, my heirs, my family, or my assigns.

I accept responsibility for verifying my child's health and medical history and certify that he/she has no physical or psychological problems that would prohibit participation in adventure activities.

I have carefully read this acknowledgement and sign this of my own free will.

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