

**ECO Center**  
**Field Trip - WAIVER AND RELEASE FORM**

PLEASE READ THE FOLLOWING carefully before signing this waiver of liability.

On behalf of myself, and my child(ren) participating in the field trip activities at ECO Center, I acknowledge and agree to the terms and conditions of this waiver as identified below:

1. There are risks, both known and unknown, using any amusement device, including, but not limited to physical injury, emotional injury, distress, paralysis and even death. The risk of serious injury from participating in the activities, although minimal, does exist, as it does in all play and amusement activities.
2. I and the children in my care who will participate in any of these activities are physically, mentally and emotionally fit to participate in such activities.

I recognize and acknowledge that there are certain risks of physical injury to participants in these activities and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ren or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ren may have as a result of participating in this activity against ECO Center LLC.

If I do not follow all the rules of this event, I understand that I may be removed from the event. I give my full permission to ECO Center to use or authorize others to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event and I further release any and all costs, liabilities or damages that I may have resulting from or relating to such use.

I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS FOR MYSELF AND THOSE FOR WHOM I HAVE ASSUMED RESPONSIBILITY. BY MY SIGNATURE, I FREELY AND VOLUNTARILY AGREE TO THESE TERMS.

Please PRINT and sign your name below:                      Date of Event \_\_\_\_\_

School Name \_\_\_\_\_ Student's Grade Level \_\_\_\_\_

Student's Teacher's Name: \_\_\_\_\_

*Please Print:*

Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Parent's Email \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_