

Liability Waiver
Mount St. Helens Institute Field Seminar Program

All participants must read and sign waiver below. If participant is under 18 years of age, parent or legal guardians must sign acknowledging potential risks and hazards associated with the class.

I acknowledge that participating in this event requires physical exertion and carries with it potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers. I hereby assume all of the risks of participation and/or volunteering for this event.

I certify that I have the necessary skills and ability to participate in the said activity and assume full responsibility for myself for bodily injury, death, and loss of personal property and expenses thereof as a result of my negligence in participating in said activity except to the extent such damage or injury may be due to the negligence of the Mount St. Helens Institute (MSHI). I further understand that MSHI reserves the right to refuse to allow any person to participate who it judges to be incapable of meeting the rigors and the requirements of participating in said activity.

I agree to abide by the rules of the instruction given to me either verbally or in writing by the MSHI or its designated instructor. In the event that I am unable to complete the climb, I agree to consult with the instructor to find a suitable place to wait along the climbing route until the group completes the climb and returns to the agreed upon location. Unless faced with an urgent situation, I agree not to descend alone or without first notifying the instructor.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in said activity.

I also understand that at this event, or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns.

Print Name of Participant

Signature of Participant (or if under 18 guardian must sign)

Date of Activity

Age of Participant

Please mail waiver form with original signature as soon as possible to:

Mount St. Helens Institute Registration Forms
42218 NE Yale Bridge Road
Amboy, WA 98601