

# LETTER TO TRIP COORDINATOR REGARDING THE LIABILITY WAIVER & MEDICAL INFORMATION FORM



Thank you for booking a Pathfinder program. It is our goal to provide the highest quality, experience based outdoor program you'll find in Florida. To achieve that goal, we ask every person attending (students and chaperones) to complete the following *Liability Waiver and Medical Information* form. The medical information provides us with details we need to ensure the safety of your group. Also, any dietary concerns and allergies listed are shared with your chosen conference center so they can provide proper meals for all your attendees. It is crucial that these forms are returned to us well before your event so we can plan accordingly to meet your needs and expectations. We appreciate your assistance in this endeavor.

## Checklist for return of *Liability Waiver and Medical Information Form* to Pathfinder's office:

- Distribute copies of the form to each parent and adult chaperone.**  
The *Liability Waiver and Medical Information* form is available as a PDF (without this letter) if you would like to be able to post it to your website for download by the parents. Please contact Pathfinder for this PDF.
- As the forms are returned, double check that a parent/guardian has completed both sides.**  
-A parent/guardian must sign and print their name at the bottom of the waiver otherwise their child will not be allowed to participate.
- Please follow up with the parent to get all the required info if waivers are returned incomplete** (e.g. - it says yes, the child has allergies but does not specify what they are).
- Make back-to-back copies and mail the copies to Pathfinder at least two weeks prior to the start date of your event.**  
-Please include your travel group lists.  
-You may also include your t-shirt order form, bed assignment forms, and 30 day payment.  
Please mail the forms to: Pathfinder, Inc.  
1310 22<sup>nd</sup> Avenue South  
St. Petersburg, FL 33705
- Please bring the original waivers with you to your event and give them to your Site Director.** We prefer that you mail copies before the event and then bring the originals because we don't want to risk the originals getting lost in the mail. On site, we will take the originals and return the copies to you.

If you have questions or need any other information, please feel free to contact us.

Pathfinder Outdoor Education  
1310 22<sup>nd</sup> Avenue South, Saint Petersburg, Florida, 33705  
p: 727-328-0300 f: 727-328-0100  
info@pathfinder-ed.org www.pathfinder-ed.org



# LIABILITY WAIVER



Dear Participant/Parent:

You/your child (please fill in participant's name) \_\_\_\_\_ have an opportunity to participate in a Pathfinder Program. To be eligible, **you must sign this release form**. The program is customized to meet the learning goals of your group. For general descriptions and pictures of our programs please visit [www.pathfinder-ed.org](http://www.pathfinder-ed.org). For specific details about your Pathfinder program please speak to your trip organizer.

While this form may seem imposing, the purpose is to outline responsibilities and potential risks before you agree to participate. The benefits derived from participation in our programs are well documented. We believe the risks to be minimal. Pathfinder staff are mature professionals with safety trainings/certifications, including but not limited to: Red Cross Lifeguard Certification, CPR for the Professional Rescuer, First Aid, high and low ropes course facilitation and canoe instruction. **Safety is our first concern and every activity is monitored to maintain the high standards we commit to in our accreditation.**

1. **ASSUMPTION OF RISK:** I am aware that participation in a Pathfinder Program exposes me (my child) to the risks of injury. Some of the risks which may be present include, but are not limited to: hazards of traveling by foot; of being in or near water; of being near a campfire; objects falling from above including but not limited to ropes, boards, cables & other construction materials, tree branches, etc.; injuries inflicted by animals, insects, reptiles, or plants; forces of nature including lightning, sunburn, hypothermia, hyperthermia and others; traveling in a vehicle; and participating in non-Pathfinder supervised "free time." I (for my child) hereby assume the risks associated with these activities. I acknowledge that at any time I have (my child has) the right **NOT** to participate in or to discontinue participation in a specific activity with which I am (my child is) not comfortable.

2. **PERSONAL RESPONSIBILITY:** The entire responsibility for safety is not the Instructor's. Participants, too, have a responsibility. I/my child agree to follow the rules and safety procedures established for the activities, and to obey Pathfinder staff supervising these activities. For my/my child's own safe participation, and that of fellow participants, I (my child) must call to the attention of the Instructor any situation which I (my child) perceive to be a potential danger to myself or others.

3. **PHYSICAL EXERTION:** While some accommodations are available, I (for my child) understand that physical exertion may be part of Pathfinder's program.

4. **MEDICAL RELEASE:** While every effort will be made to contact a parent/guardian or emergency contact, I hereby consent to any treatment which might become necessary in the event of a medical emergency while I am (my child is) a participant in Pathfinder, Inc.'s program. I understand that health/accident coverage is the responsibility of the participant or their parent/guardian.

5. **PHOTO AND VIDEO RELEASE:** I grant Pathfinder the right to use, reproduce, assign and/or distribute photographs, comments, videos, and sound recordings of me/my child for use in any materials and use for any appropriate and legal purpose.

6. **WAIVER OF LIABILITY AND HOLD HARMLESS - BY SIGNING THIS LIABILITY WAIVER, I AGREE AND ACKNOWLEDGE THAT I MAY BE GIVING UP IMPORTANT LEGAL RIGHTS AND REMEDIES AVAILABLE FOR MYSELF, MY CHILD NAMED HEREIN, AND OUR HEIRS, SUCCESSORS AND ASSIGNS.**

I have and do hereby Release and Forever Discharge Pathfinder, Inc. and its employees, Dayspring (the center you are attending) and their employees (herein collectively "Pathfinder Inc.") from any and all liability, actions, causes of action, claims, and demands of any nature whatsoever which we now or may have as a result of our/my participation in this program. I agree to indemnify and hold harmless Pathfinder Inc. from any and all damage, loss, or liability occurring by reason of any injury to myself or my child named herein or their property caused by acts of omission, neglect, or wrong doing by Pathfinder, Inc., myself, or my child which may arise out of our participation in this program. I hereby assume all risk of injury associated with this program.

*I am the participant or parent/legal guardian of the participant. Prior to signing this document, I have had an adequate opportunity to read and understand it. I have had an opportunity to ask questions about it, and any questions I had have been answered to my satisfaction. I agree to Participant Agreements 1-5 listed above.*

\_\_\_\_\_  
**Participant Signature** (if 18 or older)  
**Parent/Guardian Signature** (if under 18)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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# MEDICAL INFORMATION

*This information will be kept confidential except as needed in an emergency.*

PARTICIPANT'S NAME: \_\_\_\_\_ SCHOOL/ ORGANIZATION: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ EVENT DATE(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_ PRIMARY PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL\*: \_\_\_\_\_

*(for Parent or Adult Participant)*

EMERGENCY PHONE: \_\_\_\_\_ *\*May we add your email to our newsletter list so that you will receive periodic updates regarding future Pathfinder programs?* YES NO

ALT. EMERGENCY PHONE: \_\_\_\_\_

1. Is the participant taking any medications? ..... YES NO  
If yes & relevant, please list and explain what each is for:

2. Does the participant have any allergies? (e.g. medications, red ants, bees, etc.) ..... YES NO  
If yes, please describe:

3. Does the participant have any dietary concerns? (e.g. specific food allergies, specific dietary preferences or needs, religious considerations, etc.)..... YES NO  
If yes, please describe:

4. Are there any reasons to restrict the participant's activity? ..... YES NO  
If yes, please describe:

5. Does the participant have special needs to consider? (e.g. asthma, disabilities, specific fears, previous injuries, foreign language, etc.)..... YES NO  
If yes, please describe:

6. Does participant carry Epinephrine (e.g. Epi Pen/Ana Kit)? ..... YES NO  
Reason:

