



Shinrin-Yoku

Joan Vorderbruggen

Certified* Nature & Forest Therapy Guide

Certified through the Association of Nature and Forest Therapy

Certified in Wilderness First Aid through NOLS

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

Name of Participant: _____

Date of Program: _____

In consideration of the services of Joan Vorderbruggen / Bircheart, her agents, volunteers, participants, employees, and all other persons or entities acting in any capacity on her behalf, I hereby agree to release, indemnify, and discharge Joan Vorderbruggen / Bircheart, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that outdoor activities in natural areas entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

Furthermore, I realize that while Joan Vorderbruggen / Bircheart seeks the utmost in safety for me, she cannot possibly eliminate or anticipate all potential issues, such as a participant's fitness level or abilities, weather-related conditions, or unexpected trail or equipment hazards.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Joan Vorderbruggen / Bircheart, from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity.
3. Should Joan Vorderbruggen / Bircheart be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

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By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Bircheart on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Further, by signing this, I agree to indemnify, and hold harmless the Association of Nature and Forest Therapy, and all persons or entities acting on their behalf, as well as those persons or agencies whose land (public or private) this walk/event takes place, from any and all liability, costs and expenses on account of personal injury and medical or physical conditions I may have, even if some are aware of those conditions.

Signature of Participant: _____

Print Name: _____

If Under 18, Signature of Parent or Legal Guardian: _____

Address: _____

Email: _____

Phone: _____ Date: _____

Location of Event: _____

Joan Vorderbruggen

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Battle Lake and greater West Central Minnesota area

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