## Para la Naturaleza CONSENT AND RELEASE FORM

I,	of legal age, hereby CERTIFY THAT:
(Printed)	
. I am interested in participating in the activity offered by Para la Naturaleza, described below:	
2. Activity Name:	
3. Place:	Date:

4. I am aware, and have thus been informed, that the activity in which I wish to participate may require extreme physical activity.

5. I acknowledge that I have been duly informed about the necessary requirements to carry out the aforementioned activity and the environmental conditions that I may be exposed to. I fully understand the requirements and conditions, and hereby confirm my intention to participate in the activity.

6. I also acknowledge that I possess the physical and emotional conditions necessary to carry out all required activities: Exposure to sunlight, humidity and high temperatures for extended periods of time; walking long distances through uneven and/or elevated terrain; exposure to insects and other elements; among other factors associated to activities conducted out in the open, within natural settings.

7. I have been duly informed and hereby accept the requirement to wear appropriate attire during the activity, which falls under my responsibility.

8. I hereby commit, at all times, to follow all security measures and rules of conduct, which I have been duly informed of, and to respect the instructions of personnel members in charge of the activity.

9. I acknowledge and hereby accept that Para la Naturaleza, reserves the right of admission to its programs, activities and facilities, and that I may be excluded from participating, should I break any rules or regulations.

10. I agree that Para la Naturaleza reserves the right to take and use photos, videos and audio of all the participants in this activity. (If you do not agree with this use must report in writing to Para la Naturaleza.)

11. On the basis of the foregoing, I hereby waive and release Para la Naturaleza, its officials, personnel and volunteers from any and all liability, claims, damages, or otherwise, which may result from my participation in this activity, on behalf of myself, my dependants and others related to me.

Participant's Name

Participant's Signature

Date

Address:\_

Phone Numbers:\_\_\_\_

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