



**THE HERITAGE INSTITUTE  
INDIVIDUAL PARTICIPANT  
RELEASE FORM**

**INSTRUCTOR NAME:**

**COURSE START DATE:**

**END DATE:**

**COURSE NAME:**

**COURSE NUMBER:**

I understand that I am taking this course, voluntarily and although we do no technical climbing or dangerous activity there is a degree of risk which I understand and accept.

I also understand I am not required to complete any physical activity in order to achieve course credit and I am free to stop or turn back at any point that exceeds my physical ability.

I certify that I have the necessary skills and ability to participate in the activity of this course; and I 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 except to the extent such damage or injury may be due to the negligence of the operators named below.

I agree to abide by the instructions given to me verbally or in writing by the operators: ANTIOCH UNIVERSITY SEATTLE, THE HERITAGE INSTITUTE, THE INSTRUCTORS, AND THEIR EMPLOYEES.

I further understand that the operators above reserve the right to refuse any person to participate who is judged incapable of meeting the rigors of participation in activities.

I have read, understood, and accepted the terms and conditions stated above and acknowledge by signing and printing my name below that this agreement shall be effective and binding upon me during the entire period of participation in this course.

**Please Sign Here:**

**Please Print Your Name Here:**