



**Eagle River Nature Center**  
 32750 Eagle River Road, Eagle River, Alaska 99577 907 694 2108 Telephone 907  
 692119 Facsimile  
 Non-profit Tax ID: 92-0156981

**RELEASE AND INDEMNITY**

The undersigned, for himself or herself, or on behalf of the minor child identified below for whom the undersigned is the parent or legal guardian, agrees and acknowledges as follows:

**Acknowledgement of Risks:** That participation in performances by Friends of Eagle River Nature Center, Inc. (FERNC) in Eagle River, Alaska, and the activities surrounding the performances involve substantial inherent risks, both known and unknown, including but not limited to risks arising from performances in a remote location, water nearby the staging and performance areas, life at a wilderness nature center lodge, the presence of wild animals, possible thefts of personal possessions, and the use of a vehicle or other equipment. The consequences of the risks associated with these activities may include personal injury, death, or loss or damage to personal possessions.

**Assumption of Risks:** That, on behalf of himself, herself, or the minor child, the undersigned assumes responsibility for the risks, both known and unknown, and for the personal injury, death or loss of property that might arise from the risks.

**Release:** That on behalf of himself, herself, or the minor child, the undersigned hereby releases Friends of Eagle River Nature Center, Inc. (FERNC), and its directors, officers, agents, and employees, and all other persons or entities associated with FERNC from all claims or causes of action, damages, losses, or expenses of any kind (including attorney’s fees) arising from the performances and all related activities of FERNC.

**THE UNDERSIGNED HAS READ THE ABOVE RELEASE AND INDEMNITY, UNDERSTANDS ITS TERMS AND EFFECT, AND VOLUNTARILY SIGNS IT.**

Date: \_\_\_\_\_  
 Name of participant (please print): \_\_\_\_\_  
 Signature of participant: \_\_\_\_\_

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**IF PARTICPANT IS UNDER AGE 18 YEARS, A PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT MUST SIGN:**

Date: \_\_\_\_\_  
 Name of Parent of Legal Guardian (please print): \_\_\_\_\_  
 Signature of Parent or Legal Guardian: \_\_\_\_\_