"Acknowledgment of Personal Responsibility"

Native Shores Wild Food Rendezvous

May 14 - 17, 2010

Each person / spouse / adult attending the Native Shores Rendezvous must read, understand, accept, initial, sign, and mail this form along with their registration form to Wild Food Adventures before they are allowed to participate in the Rendezvous.

THIS DOCUMENT HAS LEGAL SIGNIFICANCE. BY SIGNING IT YOU RECOGNIZE YOUR OWN PERSONAL RESPONSIBILITY FOR YOUR OWN HEALTH AND SAFETY. PLEASE READ CAREFULLY!
This document is in reference to John Kallas, Wild Food Adventures, the Native Shores Rendezvous Event, Writer's Colony House and anyone working as their agents. All entities just listed will here-on-in be referred to either as "Dr. Kallas", or "WFA".

WFA offers individuals the opportunity to participate in voluntary educational / recreational events for a fee. Each event in the out of doors involves risks and the potential for injury. Nature is not here for our convenience. We must respect its unpredictabilities as well as our own physical capabilities and limitations. A trip into natural habitats presents expected and unexpected risks associated with fording streams, exposure to cold and windy weather, slippery rocks and organisms, sharp objects we might fall on, animals that might attack us, trail obstacles we must overcome, forest objects that might fall on us, and cliff-side trails. To reach certain habitats we might venture into risky locations. With the aforementioned issues in mind, I hereby state that I was informed of and agree to the following…

I understand that it is my responsibility as an adult to come fully prepared for any and all weather conditions I might encounter in the diverse events planned for the event known as "Native Shores Wild Food Rendezvous". I understand that the terrain we'll be traversing might be 3-dimensional, slippery, sharp, and rocky. I understand, as an adult, that any injuries I incur while participating in WFA events are my own responsibility. I am the sole judge of my own capabilities and limitations. If I follow Dr. Kallas or anyone into what I consider an unsafe area, it is my choice to do so. I also understand that during any workshop, trip, or event, Dr. Kallas will be preoccupied with looking for plants, habitats, and access to them. This means that he will not be able to watch or supervise the movement or actions of participants or any minors of those participants. Should an injury occur, WFA will take reasonable steps to assist the injured party acquire appropriate medical attention. The injured party will be responsible for paying any bills or fees associated with the reaction to, the treatment of, and the consequences of that injury.
I have carefully read, understand, and agree with the above statements. Initial _____

I understand that car pooling to and from WFA events and locations are voluntary activities done to save fuel, resources and the environment. Car pooling is a personal choice and relationship between drivers and passengers. It is outside the scope of any WFA event, and outside the responsibility of WFA, to screen drivers. Any injuries to myself or my property during transportation to and from WFA events are not the responsibility of WFA or its representatives.
I have carefully read, understand, and agree with the above statements. Initial _____

As a participant in any WFA event: I understand that eating any food that is new to me involves potential risk. I understand that my physiology may be unique and/or that the plants I sample may have unique biochemistries - any combination of which may result in my injury. I understand that I am not expected or required to eat or sample wild foods during or after events. I have the option of bringing my own food and just observing. I also understand that the instructor may be able to ingest foods safely that I may not. If I decide to eat or sample foods covered (or not covered) in any WFA event, it is because I voluntarily choose to do so knowing that potential harm may result and knowing that I am fully responsible for my own actions and any resulting consequences. I completely understand that WFA is not responsible for any negative consequences that I experience from ingesting parts of wild plants during or after WFA events.
I have carefully read, understand, and agree with the above statements. Initial _____

If at any point during the Native Shores, I show signs of anaphalaxis, or collapse in general, I authorize WFA to administer benedril or injection with an epipen - as well as CPR (whatever is needed) until an ambulance can arrive and/or I can be taken to professional medical care. I agree to release, indemnify, and hold harmless WFA and any of their agents from lawsuit, claim, demand, or action against them for administering the injection and/or CPR and any resulting consequences. I am aware that the injection may be administered by a non-health professional and/or someone who has not been formally trained for this.
I have carefully read, understand, and agree with the above statements. Initial _____

IT IS THE INTENTION OF THE UNDERSIGNED BY THIS RELEASE TO EXEMPT AND RELIEVE WILD FOOD ADVENTURES, JOHN KALLAS, WRITER'S COLONY HOUSE, THEIR AGENTS, ASSISTANTS, AND VOLUNTEERS FROM LIABILITY FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE CAUSED BY PARTICIPATION IN ANY WFA EVENT.

I, the undersigned, have read this "Acknowledgment of Personal Responsibility", understand its legal significance, and agree that this Release shall be construed in accordance with, and governed by Oregon law.

CAUTION: READ ABOVE STATEMENTS CAREFULLY BEFORE SIGNING!

X_____ _____ _____
Signer must be over 17 years of age | Print Name | Date

Children I am bringing, and responsible for, are listed below with their Date of Birth: