

# Forest Therapy Ottawa - Participant Agreement & Release Form (08/23)

Name of Participant: \_\_\_\_\_

Date of Guided Forest Therapy Walk: \_\_\_\_\_

## Part 1: Liability Release. You are responsible for your own well-being and safety on this walk.

1. I acknowledge that outdoor activities in natural areas entail known and unanticipated risks that could result in injury.
2. I agree and promise to accept responsibility for my own safety and well-being during this activity. I understand that I may at any time opt to not participate in any part of the activity should I feel that it is not safe, or simply that I do not want to participate for any reason.
3. I agree to notify Forest Therapy Ottawa if I test positive for Covid-19 within 5 days of the walk.
4. I voluntarily release and hold harmless Andrea Prazmowski, Forest Therapy Ottawa and the Association of Nature and Forest Therapy Guides and Programs (ANFT) and all individuals acting as guides or volunteers on this walk from any and all claims of liability which are in any way connected with my participation in this activity.

By checking this box, I agree to the above conditions.

**Part 2: Model Release:** With your permission, Forest Therapy Ottawa may take photographs of you and your group on this walk. We would like your permission to use these photographs in promotional materials which may include social media, website, printed flyers and books, and videos. We are sometimes asked by news reporting agencies and publications to provide photos for articles they are writing about nature connection topics. We do this at no charge. We promise to carefully select photographs that show you in a way we are confident you will like. **If you are not comfortable with having photos that include you taken and possibly used in these ways, we prefer that you mark "No" in the box below;** we want you to have a relaxed and stress-free experience on your walk.

- Yes, you may take photographs of me and use them as described above.  
 No, I prefer not to be photographed.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If Under 18, Signature of Parent or Legal Guardian: \_\_\_\_\_

City of Residence: \_\_\_\_\_