

PERMISSION SLIP & WAIVER

BY SIGNING BELOW, YOU INDICATE YOUR AGREEMENT WITH THE FOLLOWING:

1) I understand that participation in the Pioneer Project's program will expose my child to a variety of risks, some of which are outlined below. I further acknowledge that those listed below are not exhaustive and that many risks are beyond the control of Pioneer Project's staff. By participating, I assume the risks inherent to the activities below as well as those not listed which could result in injury, illness, emotional trauma, or death:

- Transportation to and from the campus via Pioneer Project vehicles for program activities and / or emergency medical care.
- Outdoor adventure activities including, but not limited to: rock climbing, boating, and hiking in unpredictable rugged environments that may make urgent medical care harder to attain in a timely fashion.
- Craft activities such as blacksmithing, woodworking, pottery, soap making, primitive skills, and others that involve fire, power tools, and chemicals which could result in cuts, fractures, burns, or other injury.
- Homesteading activities such as farming, lifting heavy objects, using farming tools and machinery, cooking, preserving food, and animal husbandry that could result in cuts, back injury, and burns.
- Exposure to rugged outdoor environments that may have severe weather which could result in heat- or cold-related illnesses, lightning strikes, and other acts of God.
- Swimming in whitewater and flat water environments.
- The behavior of other participants.

I further understand that Pioneer Project takes measures to reduce risks through proactive management of dangerous activities by qualified staff members with wilderness medical training and expertise in outdoor, homesteading, and craft skills. I understand that my instructors will use their best judgment to keep my child physically and emotionally safe throughout the program, but that they are not infallible and may suffer a lapse in judgment. However, I also acknowledge that Pioneer Project does not seek to eliminate risks associated with program activities because it would alter the nature of the program and inhibit students from "pushing comfort zones," through taking well-managed risks.

2) I agree to pay all costs associated with the replacement of damaged or lost program equipment for which I was responsible.

the pioneer project

exploring inner frontiers

3) I grant Pioneer Project permission to use any photos, videos, or audio recordings taken of my child during program activities for any promotional purposes online or in print.

4) I understand that Pioneer Project can dismiss my child from the program at their staff's discretion due to policy violations, medical issues, or any disruption of program activities that negatively affects the program quality. I understand that in the event of my child's dismissal for behavioral or medical reasons, tuition is non-refundable.

6) I hereby release The Pioneer Project and any staff member, contractor, volunteer, partner or other person acting on their behalf from all liability for my child's participation in the program. I agree to never pursue a claim or sue The Pioneer Project for any harm done to myself or my child through its programming, whether due to accident or negligence on The Pioneer Project's behalf. I also agree to indemnify and hold harmless The Pioneer Project for any claim or lawsuit brought by myself or anyone acting on my behalf and pay all court costs incurred by The Pioneer Project in the event that I do pursue litigation.

7) I hereby authorize The Pioneer Project or any of its representatives to obtain any reasonably necessary emergency, surgical or other medical care for my child, including hospitalization. In the event that any representative, volunteer, affiliate, or agent of The Pioneer Project voluntarily administers emergency medical care to my child, I hereby release such individual(s) from any and all liability with respect to such emergency medical care.

8) In the event that medical attention is needed, I agree to pay all costs associated with that treatment.

BY SIGNING BELOW I INDICATE MY UNDERSTANDING OF AND AGREEMENT TO THE TERMS AND CONDITIONS OF THIS DOCUMENT. I ALSO INDICATE THAT I AM VOLUNTARILY ENROLLING MY CHILD IN THIS PROGRAM AND UNDERSTAND THAT BY SIGNING BELOW I AM SURRENDERING CERTAIN LEGAL RIGHTS FOR MYSELF AND ANYONE ACTING ON MY BEHALF.

Parent / Guardian Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO THE PIONEER PROJECT BY THE FIRST DAY OF THE PROGRAM