



# 2025 VINS Nature Camp

## Release Form

### Photo Release

I grant VINS and its camp partners (if applicable) permission to use photographs of my child participating in camp-related activities for publication in promotional materials, including but not limited to brochures, flyers, newspaper advertisements, social media, and the VINS/program partner's website.

Yes

No

### Assumption of Risk and Liability Waiver

This Assumption of Risk and Responsibility and Liability Waiver must be signed for your child/ward to take part in VINS Nature Camp operated by the Vermont Institute of Natural Science.

VINS Nature Camp's programs involve physical activity including but not limited to group games and initiatives, hiking, archery, open campfires, swimming, canoeing, camping, and other outdoor activities. Situational risks inherent to the outdoor setting of VINS Nature Camp also exist including but not limited to, inclement and unpredictable weather, sunburn, insects/animals, allergic reactions, and other injuries. Activities may occur on the grounds of the Vermont Institute of Natural Science Nature Center or at off-site locations in Vermont or New Hampshire.

I AFFIRM THAT MY CHILD/WARD'S PARTICIPATION IN VINS NATURE CAMP IS VOLUNTARY.

I UNDERSTAND THAT PARTICIPATION IN VINS NATURE CAMP ACTIVITIES INVOLVES RISKS BOTH KNOWN AND UNKNOWN WHICH COULD RESULT IN INJURY, ILLNESS, DEATH, OR DAMAGE TO PROPERTY. I FURTHER ACKNOWLEDGE THAT DESPITE VINS NATURE CAMP TAKING ALL REASONABLE SAFETY PRECAUTIONS IT IS IMPOSSIBLE TO GUARANTEE ABSOLUTE SAFETY. I AM WILLING TO ASSUME SUCH RISKS AND UNDERSTAND MY RESPONSIBILITY IN MY DECISION TO HAVE MY CHILD/WARD PARTICIPATE IN VINS NATURE CAMP.

EXCEPT IN THE CASE OF GROSS NEGLIGENCE ON THE PART OF THE VERMONT INSTITUTE OF NATURAL SCIENCE, ITS STAFF, OFFICERS, BOARD OF TRUSTEES, VOLUNTEERS, AFFILIATES (INCLUDING ALL VINS NATURE CAMP PARTNERS), AND AGENTS, I, AGREE TO INDEMNIFY AND HOLD HARMLESS SAID PARTIES AND HOLD SAID PARTIES IN NO WAY RESPONSIBLE OR LIABLE FOR ANY INCIDENTS, ACCIDENTS, ILLNESS, INJURIES OR DEATH TO MY CHILD/WARD WHICH MAY OCCUR DURING OR AS A RESULT OF PARTICIPATION IN VINS NATURE CAMP AND AGREE TO PAY ALL EXPENSES (INCLUDING ANY LEGAL FEES AND EXPENSES ON A THIRD-PARTY BASIS) RESULTING THEREFROM.

**By signing below, I confirm that I have carefully read this form and fully understand its contents, and agree to be bound by it.**

\_\_\_\_\_  
*Child/Ward Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*