

L.L.Bean, Inc., Outdoor Discovery Schools®

Participant Agreement Form for Minors



Please fill out and sign below as appropriate. Minors under 18 years old, not accompanied by an adult, will be able to participate only with this form completed and brought to the activity. Make sure to complete a separate form for each child. Thank you.

In consideration of the services of L.L.Bean, Inc. ("L.L.Bean"), on behalf of myself and my child, I agree as follows:

1. I acknowledge that my child's participation in the L.L.Bean Outdoor Discovery Schools' program involves known and unanticipated risks, which include physical injury, paralysis, death or damage to the participants and property. I understand that such risks are inherent in the activity and cannot be eliminated.

Additional risks in all activities include (but are not limited to) the following: dehydration, muscle strains, muscle sprains, bone breaks, abrasions, cuts, blisters, exposure to biting insects and the infectious diseases they may carry, exposure to poisonous plants, sunburn, heat and/or cold related illnesses, eye and ear injuries, trips and falls.

2. I acknowledge that instructors cannot pay continuous attention to everyone at all times. I also understand that L.L.Bean is not responsible for weather, terrain, wildlife or equipment failure and that they may cause or contribute to an injury or property damage.

3. I agree to release and discharge L.L.Bean from any and all claims or liabilities arising from or connected with the participation of my child in this program, as well as any and all claims or liabilities arising from or connected with my child's presence on L.L.Bean's premises, or on any property owned by others where Outdoor Discovery Schools activities are conducted.

4. I am aware of the level of fitness that is necessary for this activity. I certify that my child has no medical condition or restriction that prevents my child from safely participating in this program.

5. On behalf of my child, I give L.L.Bean permission to give or secure emergency care or other treatment that may become necessary, and authorize the release of medical information to rescue personnel.

6. I consent to my child being photographed/filmed while participating in this program and for L.L.Bean to use any of such films, photographs and resulting testimonials for any purpose, including training, advertising, catalogs, displays and social media.

7. I understand that this release applies to myself and my child as well as to each of our heirs, insurers, successors and assigns.

8. I understand that I am completely responsible for any and all personal equipment that I bring on this program, the damage or theft of it, any personal damage it may cause myself or others and any damage to other property owned by myself or others.

9. By checking this box, I am confirming that my child is not restricted or prohibited by law from handling a firearm (if relevant).

I have read and understand the above terms and warnings. I consent to the participation of my child and agree for myself and my child to be bound by these terms.

By signing your name on the line below, you consent and agree to all the terms and conditions of this agreement.

Signature: _____ Date: _____

Print Name: _____ Phone #: () _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Relationship: _____ Phone #: () _____

Please send me email updates on L.L.Bean products (including Outdoor Discovery School courses, trips and tours), sales and special offers.

Email Address: _____

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Participant Agreement Form for Minors



A. Minor Child (15-17 years old only) attending without an adult.

I consent to allow my minor child _____ to attend _____ on _____
name activity name date

without a parent/legal guardian or other adult. _____

Signature of parent/ legal guardian

Parent/Legal Guardian – Please complete a Health Profile for any minor identified above.

Health Profile for _____ Please – If yes, describe below

Yes	No		Medication, Treatment, Explanation
<input type="checkbox"/>	<input type="checkbox"/>	Asthma?	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to medicines, foods, plants, insect bites/stings?	
<input type="checkbox"/>	<input type="checkbox"/>	Emergency room, urgent care visit, hospitalization or seizure in the last year?	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetic requiring medication?	
<input type="checkbox"/>	<input type="checkbox"/>	Abnormally high cholesterol level or on a diet/medication for a lipid abnormality?	
<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure?	
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac condition or history of heart attack, bypass surgery, etc.?	
<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic condition (neck, back, shoulders, knee, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	Pregnant?	
<input type="checkbox"/>	<input type="checkbox"/>	Medical device, e.g., hearing aid/prosthetic device?	
<input type="checkbox"/>	<input type="checkbox"/>	Other medical issues that might affect your participation? (please explain)	
<input type="checkbox"/>	<input type="checkbox"/>	Medications (Including psychiatric medication, over-the-counter medication, etc.)?	

Exercise (please describe type and frequency):

L.L.Bean, Inc., recommends that all participants have a current tetanus immunization (within 10 years).

Please bring any necessary medications (inhaler, Epi-pen, prescription, etc.) with you.