

## The Nature Bus, a division of Nature Kids LLC – Assumption of Risk and Waiver Form

NATURE EXPERIENCE, ECO-TOUR, and/or TRIP Assumption of Risk, Release from Liability, SAFETY REGULATIONS AND GUEST RESPONSIBILITIES:

**Always wear a seatbelt. Always remain seated while bus is moving. Refrain from eating/drinking ANYTHING on board.** Place your food/water into designated coolers. No alcohol on board the bus or in any public spaces. It is against the law. We recommend NOT drinking alcohol; adults over 21 must know their own limits. Take precautions with sun and seek shade when necessary. Always stay with a buddy near deep water; non-swimmers do not enter the water. Do not handle wild-life. Stay on the designated nature trails.

**I UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED IN NATURE EXPERIENCES/ECO-TOURS, TRIPS**, including but not limited to driving on roads, to perils of the outdoors, and nature, of wild-life, the sea, weather conditions, equipment failure, and/or acts of other participants and **I HEREBY ASSUME SUCH RISKS.**

By signing this ASSUMPTION OF RISK and waiver form, I take full responsibility and waive any claims of personal injury, death or damage to personal property against The Nature Bus/Nature Kids LLC, their employees, heirs and shareholders. I agree that any disputes must be settled under the laws of Virginia.

**I UNDERSTAND THAT I HAVE A DUTY TO:** Directly inform the owner/operator about any health or physical condition that I might have such as but not limited to epilepsy, asthma, heart condition, pregnancy, or allergies to food or insects.

**I UNDERSTAND THAT I HAVE A DUTY TO:** Exercise reasonable care for my own safety and my minor children; I AGREE TO DO SO.

**I ASSERT THAT I AM PHYSICALLY FIT** to participate in this Nature Experience/Eco-Tour and its related activities and I agree to hold harmless THE NATURE BUS/NATURE KIDS, LLC if I am injured as a result of any problem or accident that may arise while participating in this experience/trip.

IN THE EVENT THAT I SHOW SIGNS OF DISTRESS OR CALL FOR AID, **I agree to accept assistance** from the owner, staff, volunteers, or other participants offering good Samaritan help and I agree to hold harmless THE NATURE BUS/NATURE KIDS, LLC their owners, staff or volunteers for their actions in the performance of rescue or first aid.

THE NATURE BUS/NATURE KIDS, LLC makes every reasonable effort to maintain a safe environment, including DMV certifications of vehicle and driver, and requiring all staff and volunteers to be competent in the oversight of guest activities. While the bus driver has basic training in Red Cross First Aid and CPR, **we make no representations implied or otherwise that the driver or the crew can or will perform safe rescues or render first aid.**

I fully understand that the involved bus and some nature destinations being visited have no medical facilities and that in the event of illness or injury, appropriate medical care must be summoned by cell phone, when possible, assuming that cell phone service may be limited **The Nature Bus, a division of Nature Kids LLC or non-existent**, and treatment will be delayed until I can be transported to a proper medical care facility. **I agree to these conditions.**

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**I UNDERSTAND AND AGREE THAT:** There will be NO tolerance of alcohol abuse on the excursion, nor at a destination, and that drunken, aggressive or disorderly behavior will NOT be permitted. The owner, bus driver, and crew members may refuse me to board the bus or join in any activity if I become intoxicated and/or present a safety threat to myself or others.

**I UNDERSTAND AND AGREE THAT:** Absolutely NO drugs or illegal substances of any kind, including paraphernalia related to any illegal substance, will be permitted on the bus or during the activities, at any time.

**I AGREE THAT I WILL ACT RESPONSIBLY and TAKE RESPONSIBILITY FOR MY ACTIONS** and respect or obey the orders of the owner, driver, staff, and crew, as well as be considerate of my fellow passengers.

**I UNDERSTAND THAT** further verbal instructions and safety information will be given during the nature experience/trip and I AGREE to ask the owner/driver if I do not hear or do not understand anything that is said in each and every "speech."

**I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND AGREE TO BE BOUND BY IT NOW AND FOREVER INOT THE FUTURE.** I have signed this agreement freely and voluntarily under no duress, as an adult above the age of 18 and/or as the adult caretaker responsible for a minor.

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ADULT - PRINT FIRST NAME                      PRINT LAST NAME

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PRESENT PRINTED TICKET TO STAFF/SIGNATURE OF STAFF

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PRESENT DRIVERS LICENSE ID #/PASSPORT - COPY # ON LINE

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SIGNATURE(I have actually read, and agree to all of the above)

---

TODAYS DATE

CIRCLE: I AM THE PARTICIPANT or I'M SIGNING FOR A MINOR

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FOR MINOR, his/her FULL NAME                      AGE      WEIGHT

Guardian Signature:

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AS GUARDIAN, I AM RESPONSIBLE FOR MINOR AT ALL TIMES  
(if assigning a caretaker, or dropping off, page 2 is required)

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CIRCLE: I AM THE PARTICIPANT or I'M SIGNING FOR A MINOR

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FOR MINOR, his/her FULL NAME                      AGE      WEIGHT

Guardian Signature:

---

AS GUARDIAN, I AM RESPONSIBLE FOR MINOR AT ALL TIMES  
(if assigning a caretaker, or dropping off, page 2 is required)

PAGE 2 ***To be completed by the Legal Guardian***

I AM LEAVING MY CHILD, A MINOR, IN THE CARE OF SOMEONE OTHER THAN MYSELF, THE LEGAL GUARDIAN AND I HEREBY ASSIGN THE FOLLOWING PERSON TO BE THE ADULT CARETAKER TO BE RESPONSIBLE FOR MY MINOR CHILD:

***(A separate form is required for EACH child)***

NAME OF ASSIGNED CARETAKER

CHILD'S NAME

CHILD'S BIRTHDATE CHILD'S WEIGHT

I CAN BE REACHED AT ALL TIMES AT THIS PHONE NUMBER

A 2<sup>ND</sup> EMERGENCY PHONE NUMBER; and a 3<sup>RD</sup>

LIST ALL KNOWN ALLERGIES; EPIPEN CARRIED? YES or NO

MEDICATIONS

LAST TETANUS DATE

**CONSENT TO TREAT MINOR CHILD**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born on \_\_\_\_\_, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of \_\_\_\_\_ and I am not reasonably available to telephone to give consent. This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_.

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

Printed name: \_\_\_\_\_

CHILD'S PHYSICIAN NAME AND PHONE NUMBER

INSURANCE AND POLICY #

PREFERRED HOSPITAL NAME AND ADDRESS

WITNESS SIGNATURE

WITNESS NAME AND PHONE NUMBER

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