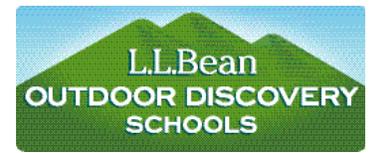


L.L.Bean, Inc., Outdoor Discovery Schools®

Participant Agreement and Liability Release Form



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

1. I acknowledge that participation in the L.L.Bean Outdoor Discovery Schools' program involves known and unanticipated risks, which could lead to physical injury, paralysis, death or damage to the participants and property. Risks include (but are not limited to): dehydration, muscle strains or sprains, bone breaks, abrasions, cuts, blisters, exposure to biting insects and the infectious diseases they may carry, exposure to poisonous plants, drowning, sunburn, frostbite, other heat and/or cold related illnesses, cardiac arrest, being shot by bullets or arrows, eye and ear injuries, and trips and falls. I understand L.L.Bean does not seek to eliminate all the risks of my activities because some are part of adventurous sports. **I agree to assume the inherent risks and all other risks in the activities.**
2. I acknowledge that instructors cannot pay continuous attention to everyone and cannot be responsible for participants' safety at all times. I will report to the instructors any injuries or any unsafe or dangerous situations. 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. If I (or a child with me) elect to not complete the program, I understand that we will be unsupervised and L.L.Bean cannot be responsible for our safety.
3. **I agree, to the fullest extent allowed by law, to release and discharge L.L.Bean from any and all claims or liabilities arising from or connected with the participation of myself, my children and the children in my care in this program, as well as any and all claims or liabilities arising from or connected with our use of any equipment, or our presence on L.L.Bean's premises, or on any property owned by others where Outdoor Discovery Schools' activities are conducted. But, any attempt to bring a claim must be brought in the state of Maine and the law of Maine will apply.**
4. I understand it is my responsibility to determine if I am (or any child with me is) capable of participating in the activities safely. I certify that I have (and any child with me has) no medical condition or restriction that prevents us from safely participating in this program.
5. On behalf of myself and my child(ren) and children in my care, I give L.L.Bean permission to give or secure emergency care or other treatment that may become necessary and agree to pay for such care. I authorize the release of medical information to rescue or medical personnel.
6. I consent, and consent on behalf of my child(ren) and children in my care, to be 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, media publications including newspapers and magazines, and social media without compensation or prior approval.
7. I understand that the above releases apply to me, my child(ren), and children in my care 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 (or the children with me) bring on this program, the damage or theft of it, any personal damage it may cause me or others and any damage to other property owned by myself or others.
9. By checking this box, I am confirming that I am not, neither are my child(ren) nor children in my care, restricted or prohibited by law from handling a firearm.

I have read, understand and agree to the above terms and warnings. I consent to the participation of the child(ren) with me and agree for myself, my child(ren), and the children in my care, to be bound by these terms. Please list below the full names of all children for whom you are responsible.

Children: _____, _____, _____

Signature of child _____ **Signature of child** _____ **Signature of child** _____

Printed name of adult/parent and signature: _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Phone #:** () _____

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: _____