



Dear Trail walker,

In order to protect you and our staff during the Covid -19 pandemic, we have made some adjustments to our tour guidelines.

Please be aware:

- That we will be outdoors at all times.
- To wear loose-fitting long sleeve shirt and pants (for mosquito free comfort)
- Bathroom facilities are rustic outhouses with no running water
- That we are following social distancing guidelines and maintain a physical distance of approximately two-body lengths (10 -12 ft)
- Our Welcome Center is currently closed for renovation
- We will take your temperature with a touch free thermometer

Please bring:

- Face mask for activities/observations that require closer distance
- Mosquito head net, if you have one
- Tissues
- Hand sanitizer
- Insect repellent
- Drinking water
- Snack (optional)

General Information:

- We offer our tours on a donation basis. There will be a donation box available. If you prefer to make a virtual payment please use PayPal balance@teachingdrum.org (option Friends and Family)
- We would love to hear your feedback. There will be a comment book available with disinfected pens ready for you.
- Please print and fill in the attached liability waiver, ahead of time if possible. Bring it with you, when you come.

Please reschedule your visit, if you have been exposed to someone who may have Covid-19 or if you show any of the known symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, diarrhea or vomiting

We, the Healing Nature Staff, look forward to your visit!

Release of Liability and Indemnification Form

I, the undersigned, understand that The Teaching Drum Outdoor School, Inc. and the Healing Nature Center, hereinafter referred to as TDOS/HNC, does not provide health or liability insurance for its staff, guests, or students.

I hereby acknowledge that I have been advised and fully understand that whether I am visiting, volunteering, or participating in any TDOS/HNC experience, workshop or tour offered at the TDOS/HNC; whether on the organization's premises or other location; for a short or extended period of time, that I may be exposing myself to extreme weather conditions and other potentially dangerous situations in an isolated rural area where access may be limited, and where no immediate medical assistance or facilities may be available. I am aware that the following list describes some, though not all, risks that may result in property loss, injury, sickness, or death: exposure to SARS- Cov-2 (The virus causing Covid-19), poison ivy, insects, predators, unpredictable forces of nature such as storms, falling trees, fire, exposure to mold, food, and other natural allergens, sunburn, dehydration, heat stroke, slipping, falling, drowning, and other known or unanticipated risks. Acknowledging these facts and understanding that participation in any capacity may be hazardous, I am voluntarily participating in the TDOS/HNC ongoing activities.

I also state that I am free from medical or physical conditions that can create undue risk, including Covid-19 symptoms as I engage in the workshop, tour, or other experience.

Further, I understand that alcohol, tobacco, drugs, and firearms are not compatible with the methodology of TDOS/HNC, and I will not harbor them during my stay.

I certify that I am healthy and of sound mind, that I have carefully read this agreement, and that I fully understand and agree to its terms and conditions. Therefore I the undersigned, of my own free will, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, assume full risk and responsibility for any bodily injury, death, loss of personal property, damages, or expenses that may result from any involvement with TDOS/HNC. Further, I contractually indemnify and hold harmless TDOS/HNC, and waive and release any and all rights and claims I may have against TDOS/HNC, the United States Forest Service, and any other legal entity or third party with which the TDOS/HNC has a contractual or associated relationship, and each of its agents, representatives, employees, contractors, volunteers, successors, and assigns, to the fullest extent of the law. I hereby waive my right to bargain for different Waiver of Liability terms.

Date _____ Participant Name _____ Participant Signature _____

Date of Birth _____

Address: _____ Phone #: _____

If the above listed participant is under 18 years of age, I hereby declare that I am authorized as their guardian to sign this Release of Liability and Indemnification Form on their behalf, and understand and agree that she/he is bound by all terms and conditions of this document.

Date _____ Parent/Guardian Name and Signature _____

Date of Birth _____

Address: _____ Phone #: _____