

DELTA

Informed Consent/Liability Release For Certified Trainers

I am aware and understand that by completing this DELTA Facilitator Certification program, I will be certified to facilitate activities in the Northwest College Ropes Course for one (1) year. If I will be facilitating any persons or entities in carrying out activities or otherwise participating in activities, including this training, on the Northwest College ropes course for my school/organization/program, I may do so while not under contract with DELTA (Dedicated to Experiential Learning Through Adventure) but under contract through my school/organization/program. Whether facilitating as a paid employee, or volunteering my time, I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns, all risk of physical injury and emotional upset which may occur to me during or after participating in and aspect of this training and any subsequent activities in which I participate, facilitate or supervise. I willingly and knowingly assume for myself, my school/organization/program, my heirs, family members, executors and administrators, all risk of physical injury and emotional upset for the students/participants involved in activities which I am facilitating or supervising. I do for myself and my school/organization/program hereby agree to hold Northwest College, its employees, instructors, facilitators, and agents harmless from any liability, damages, and all costs and expenses, including attorney fees, to defend against such claims, which in any way arise out of ropes course activities which I am facilitating/supervising. **I understand that by executing this agreement, I am releasing Northwest College, its employees, instructors, facilitators or agents from any and all liability and/or claims of any kind, specifically including claims of defective equipment or negligence which may in any way have resulted in, caused or contributed to injuries or death to myself or any student or participant for whom I am responsible or for whom I have agreed to indemnify those persons designated above.**

Course or Activity Title

Name of Facilitator (Printed)

Signature of Facilitator

Date: _____

Name of School, Organization or
Program Whom Facilitator is Representing

Signature of DELTA Director

Date: _____