

Notification and Participant Agreement

(to send to Gesa & Holger Heiten, Hinter den Höfen 10, 37276 Meinhard, Germany)

I notify to participate in the workshop activity called: _____ in the

time: _____, with (guides as shown in programme) _____.

Name: _____ Address: _____

_____ Tel./e-mail: _____

I agree to pay 495,- € for the seminar and 160,- € for food, accommodation and permission fee to the forest owner, at the beginning of the event in cash.

I agree to pay 100 € charge, if I withdrawal from participation more than three weeks before the event and to pay the full amount if I withdrawal in less than that before the event.

In consideration of the services of the workshop guide, the Eschwege Institut and all other persons or entities acting in any capacity on their behalf (herein collectively referred to as „ Eschwege Institut“), I hereby agree to release, indemnify and discharge them, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in hiking, camping, backpacking and fasting entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risk simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slipping and falling; water hazards; exhaustion; exposure to temperature and weather extremes, which could cause: Sunburn, dehydration or a cold; exposure to potentially dangerous wild animals and insect bites; Equipment failure and improper lifting and carrying. Furthermore, „ Eschwege Institut “has difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant’s fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity.

My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless „ Eschwege Institut “ from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of their equipment or facilities, including any such Claims which allege negligent acts or omissions of them.

4. I understand that participating in this activity cannot compensate any medical or psychotherapy treatment.

If I am in current medical and / or psychotherapy treatment, I agree, to tell the „ Eschwege Institut “and to talk with my doctor and / or psychotherapist about my participation.

5. I agree in not taking drugs during this activity and to tell the „ Eschwege Institut “ about any current addiction to drugs or alcohol.

6. I agree to be silent about every private detail I get to know about other participants.

Date: _____ Signature: _____

In case you aren't 18 years old yet, your parents or another proxy may sign here:.....

I need or use / our child is using the following medication:

I / our child is suffering from the following diseases, allergies etc.:

If it would be necessary to contact us, you will be able to reach us with the following contact data:

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