WIDE ANGLE VISION LLC
5 Indian Hill Ave
Portland, CT 06480
www.wideanglevisionllc.com
The new wave in experiential education & leadership development

PROGRAM WAIVER 2024

I have been informed of and understand the nature of the activities offered by WIDE ANGLE VISION LLC. These activities may include but are not limited to large group games and mobile team-building initiatives.

These activities will be facilitated according to the objectives of the program and a schedule, subject to modification by weather and other considerations. I acknowledge that reasonable safeguards have been employed to render the aforementioned activities as safe as possible, but I do understand the risks of the program as involving some strenuous physical activity.

By signing this form, I hereby agree that my participation includes an understanding and assumption of the risks, and waives any claim against WIDE ANGLE VISION LLC and any of their staff for liability for any injuries or illness that may occur that are not the direct result of intentional misconduct or gross negligence on their part. I also waive any claim against WIDE ANGLE VISION LLC and any of their staff for liability for any injuries that may occur in transporting the below-named participant to and from The WIDE ANGLE VISION LLC program for the purpose of visiting or participating in a program. I understand that photographs of participants in WIDE ANGLE VISION LLC activities may be taken and used for the promotion of WIDE ANGLE VISION LLC in newspapers, magazines, or other printed or published material unless I notify WIDE ANGLE VISION LLC in writing prior to participation.

Program(s): Wesleyan University Upward Bound/Upward Bound Math-Science

Program Date(s): June 20, 2024

Print Participant’s Name ________________________________________________

Print Parent/Guardian’s Name: ____________________________________________
(if under age 18)

List any medical condition, physical limitation or other relevant information that would restrict your participation in these activities in any way.


Signature of Participant __________________________________________ Date ______

Signature of Parent or Guardian (if participant under age 18) ________________ Date ______