

Youth & Children's program registration and release

STEP 1: Complete the requested information (please print clearly)

Your Name _____

Child(ren)'s name(s) and age(s) _____

Any special needs we should know about (attach additional pages if necessary) _____

Parent or Guardian name(s) _____

Phone _____ Emergency alternate phone _____

Address _____ City _____

Email _____

Specific Name(s) of any adults allowed to pick up children _____

STEP 2: As the legal guardian(s) of students, as listed above, I hereby agree to the following:

A. Not to sue Rusk Ranch Nature Center, their employees, volunteers, participants, instructors, board members, or their personal representatives, assigns, heirs and next of kin, for any and all loss or damage, and claim of demands therefore on account of injury to any person or property while participating in any program. I hereby assume full responsibility for the listed attendee's/attendees' actions and the risk of bodily injury or property damage due to their own negligence.

I release or otherwise hold harmless Rusk Ranch Nature Center, as an organization. I understand that the project premises is a natural environment with naturally occurring hazards such as water, rocks, twigs, and bugs. I expressly acknowledge and agree that the activities can involve risk or injury. I state that the attendees listed below are physically able to participate in the activities of these programs. I further expressly agree that the forgoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of this state.

For the listed attendees and myself, I have read and voluntarily sign the release and waiver of liability and indemnity agreement, and further agree that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

For the listed attendees and myself, I will not hold Rusk Ranch Nature Center, or any teacher, employee or volunteer of the organization, responsible for any accidental injury that might occur during this program.

Initials: _____

B. The Rusk Ranch Nature Center has my permission to use my or my child's photograph publicly to promote the programs of the organizations. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Initials: _____

C. Medical Treatment Authorization - - Confidential -

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Minor's Full Legal Name(s) : _____

Information for Medical Treatment

Physician's Name and Location of Practice

Physician's Phone # (if known) (_____) _____

Medical Insurer/Health Plan _____ Policy # _____

Allergies to Medications _____

Allergies (Other) _____

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

Authorization and Consent of Parent(s) or Legal Guardians(s)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for a representative of Earth Works! program (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adults to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adults in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. This authorization is effective through June 2022 to June 2023.

Initials: _____

PRINT Parent or Guardian(s) Name(s) _____

SIGNATURE(S) of Parent or Guardian(s) _____
