



# FAMILY CAMP CHILD-NOT-IN-HOUSEHOLD HEALTH & LIABILITY FORM

Parents/guardians, please complete both sides of this form & return to Wolf Ridge 2 weeks prior to your program.

## PARTICIPANT NAMES & AGES

Please list all children in your household who will be attending the Family Camp Program

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_

## EMERGENCY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PARENTS/GUARDIANS NAMES \_\_\_\_\_

## DIETARY RESTRICTIONS & NEEDS

Please check which of the following pertain to your household. This information will help our kitchen prepare for your needs.

NAME OF CHILD \_\_\_\_\_  
 no dietary restrictions (please describe below)  vegetarian  vegan  gluten free  other allergies or dietary restrictions

NAME OF CHILD \_\_\_\_\_  
 no dietary restrictions (please describe below)  vegetarian  vegan  gluten free  other allergies or dietary restrictions

## HEALTH CONCERNS

Medical Information: Please list below any participants and health conditions or special circumstances we should know about for any of the participants in your household you listed above. Please describe any previous injuries or illnesses that may affect your experience, environmental allergies, the allergic reaction and how it is treated. (i.e. Bee stings, heat stroke, etc)

## PARENTAL CONSENT

NAME OF CHILD \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

This is to certify that I have read the description of the program and the welcome packet provided by Wolf Ridge Environmental Learning Center in which my child(ren) or the child(ren) I serve as guardian will be a participant. I approve of the child's participation in this program and hereby give my consent for him/her to attend and take part in this program under the supervision of the responsible adults (s) noted below. I also authorize the adult participant(s) to make all necessary decisions regarding the child during the program including those in the event of a medical or other emergency.

ADULT PARTICIPANT NAME (please print) \_\_\_\_\_

ADULT PARTICIPANT NAME (please print) \_\_\_\_\_

NAME OF AUTHORIZED PARENTS/GUARDIANS (please print) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ALT PHONE NUMBER \_\_\_\_\_

SIGNATURE OF AUTHORIZED PARENT/GUARDIAN \_\_\_\_\_

## RISK & LIABILITY FORM

Please read and sign below. Signature required for participation.

As a representative for my family/party, I am aware that this program involves certain risks, which I accept for all family/party members listed on the previous page. These risks may include, but are not limited to, being transported by van to certain activities, walking on rugged trails in various weather conditions, canoeing, rock climbing and belaying indoors, and participating on a high ropes course. In the event of an emergency and the absence of an adult in our party, I authorize treatment by emergency medical personnel. I understand that I am financially responsible for all medical charges incurred on behalf of myself or my dependents. I authorize the health care provider to release all information needed to secure payment of benefits, and I authorize the use of this signature on all insurance claims for myself and/or my dependent. I hereby release Wolf Ridge, all of their personnel, agents, affiliates, staff and directors, from all liabilities to me with respect to injury, sickness, disease, loss or damage. This release does not apply to liabilities arising from gross negligence or wanton or reckless conduct by anyone, including Wolf Ridge or their representatives. Apart from that exception, it applies to all liabilities, to me or my estate of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other entity seeks compensation for these released liabilities, I or my estate will indemnify and hold harmless Wolf Ridge for all sums reasonably incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

I authorize Wolf Ridge to use any photos taken during the program and comments made on evaluations by participants in publicity materials for Wolf Ridge.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_