



GRANDPARENT HEALTH & LIABILITY FORM

Grandparents, please complete both sides of this form & return to Wolf Ridge 3 weeks prior to your program.

PARTICIPANT NAMES & AGES

Please list all adults in your household who will be attending the Grand Summer Adventure

NAME OF PARTICIPANT _____ AGE _____

NAME OF PARTICIPANT _____ AGE _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

DAY PHONE _____ EVENING PHONE _____ CELL _____

GRANDCHILDREN

To ensure your grandchild(ren) is/are prepared for their adventure at Wolf Ridge, Each grandchild that attends Wolf Ridge needs paperwork completed by their parents/guardians. Please provide the name(s) of your grandchild(ren), their home address and parents

NAME _____ PARENTS/GUARDIANS NAMES _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

DAY PHONE _____ EVENING PHONE _____ CELL _____

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ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

DAY PHONE _____ EVENING PHONE _____ CELL _____

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 PARTICIPANT _____

no dietary restrictions vegetarian vegan gluten free other allergies or dietary restrictions (please describe below)

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INSURANCE & EMERGENCY BILLING INFORMATION

Usually, there is no charge for first aid care given at Wolf Ridge by staff members of Wolf Ridge. However, you are financially responsible for health care given by other health care providers such as clinics & hospitals. Please provide the following information for use in case of emergency.

NAME OF INSURANCE COMPANY _____
(Please write "none" if you have no insurance)

POLICY HOLDERS NAME _____

GROUP # _____ POLICY # _____

PHYSICIAN _____ PHONE _____

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)

FAMILY INFORMATION & SPECIAL EVENTS

FAMILY E-MAIL ADDRESS (if you have one) _____

IS YOUR FAMILY CELEBRATING AN IMPORTANT EVENT DURING THIS PROGRAM? (birthday, anniversary, etc) IF SO, WHAT IS IT?

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.

Family Representative Signature _____ Date _____