Wild Wisdom Nature’s Education

Liability Release Form

PLEASE INITIAL EACH STATEMENT BELOW AND SIGN AND DATE AT THE BOTTOM

MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

My child has permission to participate in all sessions, field trip activities. In case of emergency, I hereby request and authorize any physician, hospital and health care provider to provide medical treatment promptly, whether or not I may be contacted and informed.

INITALS:\_\_\_\_\_\_\_\_\_

Designated Wild Wisdom Nature’s Education staff may dispense medication under physician’s orders. All medications must be in a prescription container clearly labeled with the child’s name, type of medication, dosage and times (both a.m. and p.m.) to administer medications to my above named child in the manner described by the physician’s orders. INITIALS:\_\_\_\_\_\_\_\_\_\_\_\_

I am the legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is under the age of 18 years and who wants to participate in Wild Wisdom Nature’s Education programs. In consideration of my child’s participation in the camp, I hereby release, waive, and discharge Wild Wisdom Nature’s Education staff, and all other instructors, employees, officers, directors, agents, and volunteers from any and all liability to me, to my child, and to all my legal representatives, assigns, heirs, next of kin for damage and injury to my child to any person or property arising out of participation of the program, whether on Green Valley Village property or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused by negligence of Wild Wisdom Nature’s Education, Green Valley Village or any listed individuals above. INITIALS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For students requiring injections: Generally Wild Wisdom Nature’s Education staff are not trained or required to administer injections or other medical procedures or medications, except in life treating emergencies. Wild Wisdom Nature’s Education’s policy is to allow individuals to administer necessary injections to themselves, like that for the control of diabetes or Epi pens.

Instructions as to necessary injections or medical procedures must be provided by a physician and accompany the medication as stated above. I request that the Wild Wisdom Nature’s Education staff consider acting on a case-by-case basis should my above named child need an emergency injection or other medical procedure. I further hereby authorize Wild Wisdom Nature’s Education staff to examine and render emergency or urgent medical care as they deem necessary. INITIALS:\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that Wild Wisdom Nature’s Education reserves the right to refuse or dismiss a camper for just and reasonable cause. I understand that no refund will be issued in this case, and that I will be asked to pick up my child. INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent and authorize Wild Wisdom Nature’s Education to use my child’s photograph for educational and public relation purposes. INITIALS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_