

# HARTLEY HEALTH FORM

The safety and success of any child is of paramount importance to parents, teachers and the other student participants. Therefore we ask that you please be forthright and thorough when completing this form.

Participant Name \_\_\_\_\_ Camp Session(s) \_\_\_\_\_

Participant Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: (please circle) **Male** **Female**

Primary Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

### Medical History (list)

*If there are any special concerns please discuss with instructor signs, symptoms, precautions and treatment.*

\_\_\_\_\_  
\_\_\_\_\_

### Allergies (list)

*If there are allergies please discuss with instructor signs, symptoms, precautions and treatment.*

\_\_\_\_\_  
\_\_\_\_\_

### Special Considerations

Please describe any emotional/behavioral, mobility, or other issues you would like the instructor to take into consideration when planning your child's camp experience. If you as a parent, or Hartley Nature Center as the host agency, feel that your child would require a family member or a para-professional to accompany them during camp, it is best if we communicate immediately thereby allowing adequate time to make the necessary arrangements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Authorization

The purpose of this emergency medical information is to allow HNC to provide medical knowledge and authorization to properly trained medical staff in the event of illness or injury during HNC programs for the individual listed. If the individual is a minor all reasonable attempts will be made to contact parents or guardian. I hereby give consent for medical treatment of my child by professional medical personnel.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Photo Release

Hartley Nature Center uses photographs and video footage of program participants in promotional, scholarly, educational and other HNC materials. We request permission to use your child's likeness for promotion of HNC programs on [www.hartleynature.org](http://www.hartleynature.org) and in the production of marketing materials. By signing below you provide consent and thereby authorize HNC to include your child's likeness in the materials listed. This is recognized as an in-kind donation. If you have any questions, please call 724-6735.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**HARTLEY NATURE CENTER**  
**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of participating in environmental education programming with Hartley Nature Center ("HNC") and for other good and valuable consideration, I hereby agree to release and discharge from liability HNC and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (collectively, "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, as applicable, and also agree as follows:

1. I acknowledge that participating in environmental education programming may involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities. This release does not apply to claims arising from intentional misconduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state of Minnesota, and I further agree that the law of Minnesota applies.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this agreement, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released.**

I have had sufficient time to read this entire agreement and, should I choose to do so, consult with legal counsel prior to signing. **I have read and understood this agreement and I agree to be bound by its terms.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT**  
**(Must be completed for participants under the age of 18)**

In consideration of (PRINT minor's name) \_\_\_\_\_ being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_