



CAMP WAIVER AND RELEASE

Severson Dells Nature Center is committed to conducting its programs and activities in a safe manner and holds the safety of participants in high regard. Severson Dells Nature Center continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for programs/activities must recognize that there is an inherent risk of injury when choosing to participate in activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Our activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any activity. Understandably, not all hazards and dangers can be foreseen. Depending on a particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor activities exist. In this regard, it must be recognized that it is impossible for Severson Dells Nature Center to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any or all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of

participating in these programs against Severson Dells Nature Center, including its officials, agents, volunteers and employees.

PHOTO RELEASE

I consent to and authorize the use and reproduction by Severson Dells Nature Center of any and all photographs and any other audiovisual materials taken of me or the minor(s) listed below for promotional printed material, educational activities, and exhibitions or for any other use for the benefit of the program.

____ Yes ____ No

I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release all claims.

Participant's Name: _____
(Please print)

Participant's Signature: _____
(18 years or older or Parent/Guardian)

Program Name: _____ Date: _____

<p>PARTICIPATION WILL BE DENIED If the signature of adult participant or parent/ guardian and date are not on this waiver</p>

Please list the adults who are permitted to drop off and/or pick up your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

MEDICAL FORM

Camper Name: _____ Birthday (MM/DD/YY): _____

Camp Session: _____

Parent/Guardian 1: _____ Relationship to camper: _____

Preferred Phones: (____) _____ (____) _____

Parent/Guardian 2: _____ Relationship to camper: _____

Preferred Phones: (____) _____ (____) _____

Additional contact in the event that the parents/guardians can't be reached.

Name: _____ Relationship to camper: _____

Preferred Phones: (____) _____ (____) _____

Allergies

This camper is allergic to:

☐ No known allergies ☐ Food ☐ Medications ☐ Environmental (bee stings, hay fever, etc.)

(Please describe the allergy; whether the allergy is caused by ingestion, touch, or airborne; and what the level of allergy is (mild, severe, or anaphylactic))

Does the camper use an inhaler: ☐ Yes ☐ No If so, what kind: _____

Does the camper carry an epi-pen: ☐ Yes ☐ No

Does our camp staff have permission to provide PABA-free sunscreen to your child: ☐ Yes ☐ No

Does our camp staff have permission to provide your child with DEET-free insect repellent: ☐ Yes ☐ No

Camper Health History- Please circle the appropriate response

Has the participant ever had bleeding/clotting disorders?..... ☐ Yes ☐ No

Does the participant have any physical impairments?..... ☐ Yes ☐ No

Does the participant have asthma?..... ☐ Yes ☐ No

Does the participant have headaches?..... ☐ Yes ☐ No

Has the participant been treated for ADD/ ADHD?..... ☐ Yes ☐ No

Does the participant have a seizure disorder?..... ☐ Yes ☐ No

Does the participant have diabetes?..... ☐ Yes ☐ No

Does the participant have vision impairments?..... ☐ Yes ☐ No

Does the participant wear glasses, contacts, or protective eyewear?..... ☐ Yes ☐ No

Does the participant have problems with fainting or dizziness?..... ☐ Yes ☐ No

Activity Restrictions: Does the camper have any restrictions to participating in activities, be it physical, mental, or behavioral? ☐ Yes ☐ No If so, please explain restriction or adaptation needed:

Medical Insurance Information

This camper is covered by health insurance: ☐ Yes ☐ No

Insurance Company: _____ Policy #: _____

Subscriber: _____ Insurance Co. Phone #: _____

Camper Medications: Please list any medications the camper is currently taking and dosage:

Medication	Dosage	Reason for Taking

What else should we know? Please provide any additional information that would be helpful for staff to know for your camper to have a successful week.

MEDICATION DISPENSING FORM

Type of Medication: ☐ Daily ☐ Emergency

Name of Camper: _____

Purpose of Medication: _____

Medication Name: _____

Time of last dose: _____

Times to Administer Daily Medication: _____

When to Administer Emergency Medication: _____

Dosage: _____

*The Label from the pharmacy must be attached to the medication.

Medication Storage: ☐ In the Refrigerator ☐ Room Temperature

Are there Side Effects to the medication?: ☐ Yes ☐ No

If yes, please describe or attach pharmacist's details:

I hereby give my permission for the Severson Dells Day Camp Staff to administer the above medication to my child at the times specified.

Parent/ Guardian Name: _____

Signature: _____ Date: _____

*If the child carries their own Medication (i.e. Puffer), a note from a legally qualified medical practitioners or a nurse registered under the Health Disciplines Act should indicate that the child may carry an administer their own medication. A copy of the doctor's note will be kept on file.

*Each medication requires a separate medication form (eg. 2 puffers require 2 forms).

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE

The Participant's medical conditions and information stated on this application is complete and correct. I give permission to the Severson Dells staff to (1) provide appropriate first aid for minor injuries; and (2) seek further treatment from local physicians or hospitals if the medical condition warrants. In the event I cannot be reached in an emergency, I also give permission to the treating physician to examine, diagnose and treat or secure proper treatment for the Participant and hospitalize, and to order injection and/or anesthesia and/or surgery for the Participant, as the physician shall determine proper and necessary under the circumstances. I agree to assume full financial responsibility for the costs of any evacuation and/or medical treatment that the Participant may receive. A photocopy of this consent shall be as valid and may be accepted as the original.

I certify that I have completed all the sections of this Health Form and accept full responsibility for any errors or omissions. The Participant has permission to take part in all program activities except as noted above. I understand the information on this form will be shared on a "need to know" basis with Severson Dells staff.

I fully understand that the Participant is to abide by all rules governing personal conduct during all activities. Any violation of these rules may result in the Participant being sent home at the expense of his/her parent/guardian. I understand that no refunds will be given for Participants sent home due to disciplinary procedures or illness and that it is my responsibility to pick up a Participant sent home for such a reason.

Signature of

Parent/Guardian Signature: _____

Date: _____