

# Bridger Nature Center Summer Camps

## Medical Information and Waiver of Liability / Disclaimer

(Please fill out one per camper)

Camper Name \_\_\_\_\_

Any siblings attending this camp \_\_\_\_\_

Name and Date of Camp attending \_\_\_\_\_

M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent /Guardian Names \_\_\_\_\_

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

Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_ Phone (c) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

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

Health Insurance Co. \_\_\_\_\_

### Medical Information

1. Please List any allergies:  
-Does the camper carry allergy medication?: Y/N  
-If yes, please detail the type and administration of medication:
2. Is the camper currently taking any medication: Y/N  
-If yes, please detail the type and administration of medication. Include name of medication, reason for taking it, instructions for taking and dosage. (Camp staff will not administer any medication)
3. Please list any other medical information that BNCCB should be aware of (i.e. special instruction for emergency personnel):
4. Does the camper have current Tetanus vaccination? Y/N
5. Does your camper have any social, behavior or educational needs?
6. Please provide any other information about your child that you think may be helpful to camp staff and your child's well being:

The information on these forms is confidential. It enables the camp staff to reduce the risk of injury or illness complications, as well as to prepare contingency plans in the event that an emergency does occur. Please Note: staff cannot provide personal care or administration of medication but we can discuss ways to meet these needs. When appropriate day camp staff may be able to provide assistance with the administration of medication in emergency situations. Advance notification and training are required. This form is primarily for staff use. The standard response in the event of a medical emergency is to call 911 then call the parent or guardian. Information on this form may also be provided to 911 personnel in the event of an emergency.

**Permission for Pick-Up**

At the end of each day, my child will return home by being picked up by: myself \_\_\_\_\_ others: \_\_\_\_\_

The following people are permitted to pick up my child:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is there anyone who is **NOT** permitted to pick up your child?

Yes \_\_\_ No \_\_\_ Name: \_\_\_\_\_

**Permission for Sunscreen Application:**

I hereby give consent to the staff of the Bridger Nature Center at Bohart to apply sunscreen to the exposed areas of my child's skin should they require assistance.

**Parent Signature** \_\_\_\_\_

**Permission for Participant Photos:**

I give permission for any photos to be taken of my child and understand they may be used for publications or in other promotional materials.

\_\_\_\_\_ Yes \_\_\_\_\_ No, I do not want my child's photo taken.

**Waiver of Liability and Disclaimer**

I, the parent or guardian of Camper: \_\_\_\_\_, acknowledge that participation in Bridger Nature Center (BNC) activities means my child will be in an outdoor setting as part of the camps. Children may be actively exploring plants and animals, walking, hiking and running over and through a variety of terrain, including rocks, hillsides and wet areas. Part of their time may be participating in activities around flowing creeks and ponds (wet areas). Children may be using camping equipment with supervision. Any of these outdoor activities may, by their nature, expose children to a variety of hazards which could cause injury.

I am aware of the risks, conditions and hazards and, even with such understanding and appreciation of the risk, I still desire to participate or have my minor children participate in BNC activities, and I hereby release, discharge, and hold harmless, BNC, ITS LEADERS, VOLUNTEERS AND OTHER REPRESENTITIVES from any claims or liability arising out of or relating to any injury (of any kind) that may result to my child while participating in camps at Bridger Nature Center.

I also do hereby fully and irrevocably release and forever discharge JEAN MACINNES, CHRISTOPHER MYERS AND BOHART RANCH CROSS-COUNTRY SKI CENTER, its officers, directors, employees, agents, members, and all owners and lessees of the property from any and all legal claims, demands, actions, losses, and or legal liability of any kind of nature or description resulting from such activities sustained by me or my minor children, and further covenant to hold all said parties harmless.

I understand and acknowledge that this is a legal and binding contract and by affixing my signature hereto acknowledge that I have read and fully understand the waivers and releases contained herein.

I verify that my child has no past or current physical condition that might affect their participation, other than as described on the Medical Form. In the event my child is in need of emergency medical treatment, I hereby authorize BNC leaders or volunteers to obtain or provide emergency hospitalization, surgical, or other medical care for my child. I specifically indemnify and hold harmless BNC, its leaders and volunteers from any negligence and all costs arising out of the decision to obtain and provide such care, treatment and/or procedure for such emergency.

I have honestly disclosed all of the information requested in the questions; and I understand that withholding information may contribute to injury or illness complications, and possibly compromise the care provided in the event of an emergency. If any of the above information changes prior to, or during the program, I will immediately notify the leader.

I, (parent or guardian) \_\_\_\_\_ am the legal parent/guardian of this participant and sign this waiver on his/her behalf.