Our Savior’s Lutheran Church and Preschool

**Outdoor Nature and Learning Class**

RELEASE, INDEMNIFICATION, AND WAIVER FORM

THIS IS A LEGAL RELEASE -- PLEASE READ IT CAREFULLY

I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the activities sponsored by Our Savior’s Lutheran Church and Preschool, which are beyond the control of the instructors, students and Our Savior’s Lutheran Church and Preschool, and that participation in activities may entail unavoidable risk of personal injury, death, and loss of or damage to property. These risks include, but are not limited to, insect and animal bites and stings, forces of nature such as but not limited to lightning, and unexpected extreme weather conditions, and any hazard present in the wilderness, such as but not limited to low lying branches, sticks, sharp objects, and slippery surfaces.

I hereby assume all risks of injury and death to myself (or my child) and loss of or damage to property arising out of my (or my child’s) participation in such activity and I agree to indemnify, hold harmless Our Savior’s Lutheran Church and Preschool, its teachers and employees from and against all claims arising from any occurrence causing damage or injury to myself (or my child) or to any party participating in said event or any third party injured as a result of my (or my child’s) actions. I further agree to repair or reimburse Our Savior’s Lutheran Church and Preschool for any and all damages that I (or my child) cause Our Savior’s Lutheran Church and Preschool property or the property at which a specific activity is held.

Provided parents or emergency contacts cannot be reached within reasonable time, I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on child’s condition. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

I have read the foregoing and understand the terms and conditions of this Release, Indemnification and Waiver and I agree to subscribe to them.

Participant’s Name: Date of Birth:

(Please print)

Parent/Guardian Name:

(please print)

Parent/Guardian Signature

Executed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Washington, this \_\_\_\_\_\_ day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

***Student Profile***

Briefly describe students outdoor experience.

Please share any concerns, fears or other issues (physical or emotional) we should be aware of regarding this student.

Any other information you feel will make this a happy and successful experience.

**MEDICAL INFORMATION FORM**

**Dated**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: Male\_\_\_ Female\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City Zip

Home Phone: Other Phone: Cell: Parent/Guardian Name:

Address (if different from above):

**E-mail address** Home Phone:

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Ph

Please provide two Emergency Contacts Other than child’s Parent(s):

Name: Phones:

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of any person/persons (other than a student’s parent) that has your permission to transport your child on field trips. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are any personal medical conditions or problems a student may have, Our Savior’s Lutheran Church and Preschool should be made aware of any condition. It is the responsibility of the individual (or parent when a minor child is the student) to acquaint Our Savior’s Lutheran Church and Preschool with the existing condition. The information will be held in confidence and used only to render assistance should the need arise.

1. Does student wear a) contact lenses? \_\_\_\_\_ and/or b) hearing aid? \_\_\_\_\_

2. Does student have asthma? \_\_\_\_\_\_\_

1. Does student have any heart conditions or cardiac related health problems? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Does student have low or high blood pressure? \_\_\_\_\_

5. Does student have any physical disabilities or limitations? \_\_\_\_\_

Please be specific. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is student currently on any medication? \_\_\_\_\_ If so, please indicate specific medication and

medical condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Is student allergic to any of the following (please identify):

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insect Bites:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child carry an Epipen? \_\_\_\_\_\_\_\_\_ If yes, where is it kept?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is there any other condition we should be aware of that may endanger, alter or somehow limit student’s ability to participate in Our Savior’s Lutheran Church and Preschool?

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

**HEALTH INSURANCE INFORMATION**

Name of Health Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group/Plan No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last tetanus booster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our Savior’s Lutheran Church and Preschool -215 Mukilteo Blvd. Everett. WA 98203 (425) 252-0413**