



2024 Summer Camp Permission Form

Child's Name		Child's Preferred Name	
Date of Birth		Gender	
Permanent Address		City, State, Zip	
Email Address		Home Phone #	

I, the Parent/Guardian of this camper, grant permission for my child to participate in a summer camp(s) at the Highlands Nature Center.

Highlands Biological Station (HBS) Assumption of Risk, Release, Indemnification and Participation Agreement: In consideration for my child being permitted to participate in the Activity, I hereby agree and warrant that:

- **Statement and Assumption of Risk:** The Activity for which I am granting permission for my child to participate takes place in a natural, outdoor, and wilderness environment. Participation in the Activity can therefore be hazardous. I understand that my child has an increased chance of suffering personal injury, including but not limited to bodily harm, disability, and/or death by participating in the Activity. I understand that traveling to and from the Activity site may present additional risk of serious injury or death, and agree that my child must comply with Activity requirements for the use of seatbelts by vehicle passengers during travel. I voluntarily grant permission for my child to undertake the Activity and agree to accept all risk associated with their participation in this Activity.
- **Release of Liability and Indemnification Statement:** I, individually, and on behalf of my child, heirs, successors, assigns, and personal representatives, hereby agree to indemnify and hold harmless, release and forever discharge the Highlands Biological Station, Highlands Biological Foundation, and their officers, trustees, employees, agents, and representatives, from any and all liability, all claims and causes of action whatsoever for any damages to or loss of property, death, or personal injury caused by, deriving from, or associated with my child's participation in the Activity.
- **Furthermore:** I understand that HBS' authorized representative(s) or agent(s) has the authority to revoke my child's participation in the Activity at any time if, in the judgment of the representative(s) or agent(s), my child's actions or general behavior are determined to be unacceptable.
- **Severability:** If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.
- **Final Acknowledgment:** The foregoing is submitted in consideration of HBS allowing my child's participation in this Activity. I confirm that I am over 18 and I execute this document with full knowledge of the contents and consequences stated in this release.
- **Statement of Health:** I certify that my child has neither a condition nor circumstance, such as medication, that would prevent them from participating in this Activity. If I have a question concerning their specific situation, I may ask staff to clarify the Activity, but ultimately the decision regarding my child's participation is mine.
- **Statement of Insurance:** I am aware that HBS does not provide medical insurance coverage for participation in the Activity and therefore I agree to take full responsibility for procuring personal insurance for my child. If I do not have insurance, I accept full, sole and exclusive financial responsibility for the cost associated with any injury or illness.

Parent/Guardian Name	Parent/Guardian Signature
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2024 Summer Camp Photograph & Video Release Form

Employees of the Highlands Biological Foundation and Station may take photographs and/or videotape campers to use for educational and promotional publications. I hereby grant permission to the rights of my child's image, likeness, and sound of voice as recorded on audio or videotape without payment or any other consideration. I understand that the image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my child's likeness appears. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes: public presentations, in print or on-line for promotional purposes, educational or promotional videos, and/or annual reporting documents.

By signing this release, I understand this permission signifies that photographic or video recordings of my child may be electronically displayed via the Internet or in the public setting. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Child's Name		Today's Date	
Parent/Guardian Name		Parent/Guardian Signature	

2024 Summer Camp Authorized Pick Up Form

I give permission for my child to be picked up by the people authorized below. I understand that if they do not have permission and/or camp staff does not recognize them, they will be asked to provide identification.

Persons listed will be authorized through August 1st, 2024, unless otherwise specified.

Name of Person(s) Authorized to Pick Up			
1.		2.	
3.		4.	
Parent/Guardian Name		Parent/Guardian Signature	



2024 Summer Camp Medical Health History Form

For your child to attend our summer camp program, *all information on this form must be completed. If your child's condition changes after you submit this form, please send a note with your child. (Please print clearly.)*

Child Name		Date	
Address		City/State/Zip Code	

Emergency Contact Information:

Primary Contact		Relationship	
Primary Phone Number		Secondary Phone Number:	
Doctor or Clinic		Doctor/Clinic Phone	
Insurance Provider and Policy Number		Insurance Phone	

(If you do not have insurance, you will be responsible for all costs associated with medical treatment.)

Keep in mind that this is an active educational experience located outdoors. If your child has any health (physical/emotional/social) concerns we should be aware of, please provide specific information about the concern(s) and treatment in the space below (attach an additional sheet if necessary):

If your child has allergies, describe the severity, reaction, and any necessary medication. If your camper will be bringing medication, you must attach an action plan outlining how the medication is to be administered. If an EpiPen or inhaler is required, please be sure to bring a current one and note this below.

- My child will carry a (circle all that apply): EpiPen Inhaler

Medications:

Any necessary over the counter medications must be in the original packaging and administered by the camper. Any prescription medications (including EpiPens) need to be correctly labeled, up to date, and have the camper's name on them along.

Permission for Administration of Medication and Emergency Care:

In case of medical or surgical emergency, legal parents/guardian will be contacted first whenever possible. I hereby give permission for camp staff to arrange transport for my child, as named above, to the hospital for evaluation by a physician. A parent/guardian may need to be available to pick up a sick/injured child from the Nature Center or appropriate field site.

Parent/Guardian Name		Parent/Guardian Signature	
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