

**School/Group Name**

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Participant is a:

Chaperone

Student

Teacher

**Contact Information**

Participant Last Name

First Name:

Date of Birth

Emergency Contact / Parent or Guardian

Home Address

City

State

Zip

Daytime Phone

Evening Phone

**Medical Authorization & Release and COVID-19 Waiver Signature**

*Read the Medical Authorization and Release Statement and COVID-19 Waiver on pages two and three.*

Parent/Guardian or Participating Adult Printed Name:

Parent/Guardian or Participating Adult Signature:

Date:

**Health Information**

Is the participant capable of participating in strenuous physical activities? *(eg: hike up hills, put weight on joints, carry equipment, etc.)*

YES

NO

If no, please explain: *(selecting "no" may limit participation in high ropes course, rock climbing, etc.)*

Does the participant have any diagnosed physical medical conditions, psychological, emotional or behavioral disorders?? *(eg: asthma, diabetes, epilepsy, ADHD, autism, etc.)*

YES

NO

If yes, please explain:

Does the participant have non-food allergies?

**If yes, please explain:**

YES

NO

Check if anaphylactic.

Does the participant have any known food allergies?

**If yes, please explain:**

YES

NO

Check if anaphylactic.

Does the participant have any special dietary needs?

Vegetarian

Vegan

Pork-free

Other:

## Photo Release

Eagle Bluff Environmental Learning Center does not have permission to use any photos taken during the visit in marketing materials.

## Medical Dispensation Policy

Any medications sent from home for need to be processed according to your school's policies for medication dispensation and need to be in their original container.

Does the participant receive any medication either at home or at school?                      YES                      NO

Name of and reason for medication:

Is it acceptable for your school and Eagle Bluff staff to administer non-prescription medication (aspirin-free) to the participant?                      YES                      NO

## Medical Authorization and Release Statement

**BY SIGNING THE FIRST PAGE OF THIS FORM, I AM AGREEING THAT I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

I, as parent or guardian of the named minor (hereinafter referred to as "minor"), hereby give my permission for my child or ward to participate in all Eagle Bluff activities and further agree to the terms herein contained. In consideration of the minor being permitted by Eagle Bluff Environmental Learning Center, Inc. (hereinafter collectively referred to as "EBELC") to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless EBELC from any and all claims, demands, or causes of action which are brought by myself, and/or the minor and/or on behalf of the minor against EBELC, and which are in any way connected with such use or participation by minor. In the event that I file a lawsuit against EBELC, I agree to do so solely in the state of Minnesota, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. 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.

I acknowledge that my child's participation in individual and group initiatives, problem solving exercises, and personal growth and development training activities entails known and unanticipated risks that could result in physical or emotional injury, or death to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I also agree to direct my student to comply with all Eagle Bluff rules and policies and to cooperate with Eagle Bluff personnel. I understand and agree that if the student fails to comply with the rules and policies, she/he may be expelled from Eagle Bluff and sent home at my, the parent or legal guardian's, expense. I hereby represent that the minor is in good health, that I have identified all medical conditions associated with the minor, and that I have adequately informed EBELC personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I acknowledge that the student's medical conditions stated on this form are complete and correct. I authorize EBELC personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, the minor needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, EBELC shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

## **COVID-19 Waiver (WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19)**

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### **ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate on behalf of Eagle Bluff Environmental Learning Center's programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Eagle Bluff Environmental Learning Center, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

### **FOR PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT THE TIME OF PARTICIPATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to their release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.