

# Hartley Health Form

The safety and success of any child is of paramount importance to parents, teachers and the other student participants. Therefore, we ask that you please be forthright and thorough when completing this form.

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper Address \_\_\_\_\_

Male  Female  Grade completed \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (primary) \_\_\_\_\_ (secondary) \_\_\_\_\_ Email \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (primary) \_\_\_\_\_ (secondary) \_\_\_\_\_

*Additional Authorized Adults (for camper pick-up/drop-off)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Medical History (list)

*If there are any concerns please discuss with instructor signs, symptoms, precautions and treatment.*

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

## Allergies (list)

*If there are allergies please discuss with instructor signs, symptoms, precautions and treatment.*

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

## Special Considerations

Please describe any emotional/behavioral, mobility or other issues for the instructor to take into consideration when planning your child's camp experience. If you as a parent, or Hartley Nature Center as the host agency, feel that your child would require a family member or a para-professional to accompany them during camp, it is best we communicate immediately allowing adequate time to make the necessary arrangements.

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

Check here if you would like a Hartley staff member to contact you regarding your child's needs. Phone: \_\_\_\_\_

## Medical Treatment/Emergency Authorization

This medical information may be used by HNC staff and shared with EMS responders. Authorization is given to HNC staff for minor injury treatment (small cuts, scrapes, bee stings, etc.) as well as gives treatment and transportation authorization in the event of medical emergency during HNC programs for the camper listed. All reasonable attempts will be made to contact parents or guardian.

*I give my authorization:*  Yes  No

## Photo Release

Hartley Nature Center uses photographs and video footage of program participants in promotional, scholarly, educational and other HNC materials. We request permission to use your child's likeness for promotion of HNC programs. By signing below you provide consent and thereby authorize HNC to include your child's likeness. This is recognized as an in-kind donation.

*I give my authorization:*  Yes  No

## Sunscreen & Bug Spray Authorization

In the interest of the health and well being of our campers, Hartley Nature Center staff may need to re-apply or ask campers to re-apply sunscreen and/or bug spray over the course of the camp. This authorization allows staff to apply these products if needed, whether the applied product is supplied by the camper or from HNC inventory.

*I give my authorization:*  Yes  No

*I have completed this form indicating **all** of my authorizations:*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**HARTLEY NATURE CENTER  
RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of participating in environmental education programming with Hartley Nature Center ("HNC") and for other good and valuable consideration, I hereby agree to release and discharge from liability HNC and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (collectively, "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, as applicable, and also agree as follows:

1. I acknowledge that participating in environmental education programming may involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities. This release does not apply to claims arising from intentional misconduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state of Minnesota, and I further agree that the law of Minnesota applies.
6. 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.

**By signing this agreement, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released.**

I have had sufficient time to read this entire agreement and, should I choose to do so, consult with legal counsel prior to signing. **I have read and understood this agreement and I agree to be bound by its terms.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Participant Name (if under 18) \_\_\_\_\_

[In the case of participant under 18, parent or guardian must sign above and print name.]

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT  
(Must be completed for participants under the age of 18)**

In consideration of (print minor's name) \_\_\_\_\_ being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_  
Date \_\_\_\_\_