

Camp Discovery, 2015

Camp Waiver and Medical Form

Name of Camper _____ Date of birth _____

Please read and initial each box as relevant, fill in the necessary blanks (please print), then sign below.

_____ **WARNING OF RISK, WAIVER AND RELEASE OF ALL CLAIMS FOR NATURE CAMP
BY PIONEERS PARK NATURE CENTER, LINCOLN PARKS AND RECREATION**

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in this program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward or resulting of this program. I/we have read and understand the above Warning of Risk Waiver and Release of All Claims, and understand the effect of the relinquishment of rights hereby waived.

_____ **PHOTO RELEASE**

I/we also allow the City of Lincoln and the Parks and Recreation Department to take photos and/or videos of my minor child/ward during any of the activities of this program, for future publication, education and/or marketing purposes including social media.

_____ **LATE FEE**

I/we understand my child/ward is to be picked up promptly at class ending times and I will be charged a fee of \$15 for every 5 minutes I am late after class ends.

_____ **HEALTH AND EMERGENCY INFORMATION**

I/we acknowledge that the information given below is accurate.

Please list any health issues or allergies your child/ward has _____

Special needs or any other information the staff should know about the child/ward _____

EMERGENCY CONTACT: Please list someone we can contact in case of an emergency.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name of Parent/Guardian _____ Relationship _____

Signature of Parent/Guardian _____ Date _____

Send to: Pioneers Park Nature Center • 2740 A Street Lincoln NE 68502 • naturecenter@lincoln.ne.gov • 402. 441.7895

Office Use Only:

Payment: Date _____ Amount _____ Receipt Number _____ Received by _____