



Office Use Only:
Date Received: _____

WILDERNESS LEADERSHIP CLUB

6-8 pm | September 20 - November 1 | Grades 7-9 | \$60/person - Scholarships are available.

Learn by doing. Build wilderness and leadership skills during 7 sessions of outdoor, natural history, and leadership training. Session will include fire starting, shelter building, outdoor cooking, making your own camp gear, star navigation, and more! This program will be lead by Sam Larson, runner up on season 1 of the History Channel's survival series, Alone. Participants should be prepared to be outdoors, dress in layers, bring a hat, wear sturdy shoes and bring a water bottle.

This program is by application only. Participants must complete the form below and submit it with a refundable deposit of \$20.00 by August 25. Participants will be notified by September 1 if they were selected to participate. All participants will received a full scholarship funded by the Friends of the Pioneers Park Nature Center (value \$60) to participate in the 2016 fall pilot program. Space is limited. Deposit will be refunded upon successful completion of the program.

Name _____ Grade _____ Date of Birth _____ Gender _____

Parent/Guardian Name _____ Relationship _____

Home Address _____ Zip Code _____

Email _____ Phone _____

Emergency Contact Name _____ Phone _____

Will you use or need transportation to and from Wilderness Leadership Club from a central pick-up site ? Yes No

Reference: Please list one, non-family member, reference. Name: _____

Address: _____ Phone: _____

What is your interest or experience in wilderness survival or outdoor skills?

What do you want to get out of the Wilderness Leadership Club?

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.

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.

Signature of Parent/Guardian _____ Date _____