



## Youth Emergency, Medical & Release Form

### Camper's Information

Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Primary Emergency Contacts: Who would you like us to contact in case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Approved Transportation: Any additional people who are permitted to pick up your camper from camp.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

\* Please let us know in this box if there are any people who are NOT allowed to pick up your camper due to custodial issues.

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

### Photo Release (choose one) Allow HH permission to take and use images for promotional purposes. Individuals are not identified in images.

- Yes, Hunt Hill staff and volunteers may take photos of my child.  
 No, Hunt Hill staff and volunteers may not take photos of my child.

### Sunscreen & Insect Repellent (choose one)

- I permit my child to apply sunscreen & insect repellent by themselves.  
 I would like a Hunt Hill staff member or volunteer to assist my child in applying sunscreen and/or insect repellent.

### Swimming Ability (choose one)

All campers will be supervised by a certified lifeguard. Campers who have not passed the deep end swim test will be restricted to water below their armpits at standing level. The deep end test must be completed without the assistance of a personal flotation device.

Select one of the following swim ability levels:

- Non-swimmer: My child has little to no experience swimming.  
 Beginning Swimmer: My child has some experience swimming.  
 Experienced Swimmer: My child can confidently swim in deep water and has my permission to attempt the deep end swim test.

**Personal Flotation Device (PFD):** If you will be sending your child with a PFD, please describe below your expectations for use.

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

**Allergies & Asthma** (attach treatment plans if more space is needed)

Allergen: \_\_\_\_\_ Severity: Mild / Moderate / Severe Treatment: \_\_\_\_\_

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**Medications** (attach treatment plans if more space is needed)

Emergency medication to be kept near the child and administered only in an emergency:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_ Reason: \_\_\_\_\_ Route: oral / nasal / injection / ointment

My child is allowed to carry and self administer their own emergency medication (such as epi-pen, inhaler, insulin). \_\_\_\_\_ initial here

Medication to be administered by a qualified staff member at Hunt Hill:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_ Reason: \_\_\_\_\_ Route: oral / nasal / ointment

**Pertinent Medical History** (attach treatment plans if more space is needed)

Please indicate any other important medical conditions such as diabetes, seizures, physical conditions, neurodivergence, etc.

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

**Youth Participant Release & Hold Harmless Agreement**

**Notice:** No minor may participate in the Hunt Hill Nature Center (HHNC) Day Camp program without having signed and delivered the following Youth Participant's Release and Hold Harmless Agreement.

I, the undersigned, hereby certify that I am the parent or legal guardian of the child and grant permission for my child to attend HHNC. I affirm that, to the best of my knowledge, the registration information provided is true and complete. I also feel that my child is physically capable of participating in activities at HHNC.

I RELEASE – for myself and my heirs, executors, administrators, legal representatives, assigns, and successors in interest, and for my child HHNC staff and volunteers of this program, and the officers, directors, and/or members, agents and employees, as well as all medical, law enforcement and other personnel assisting with this program (collectively 'Released Parties') from any and all rights, claims, or liability for damage for any and all injuries to my child, or my or their property arising out of or in connection with my participation in this Camp and claims for damage caused by me, my child, or anyone else [including acts of God]. I further agree that I will defend, indemnify, and hold harmless, the Released Parties against all claims, demands and causes of action, including court costs and reasonable attorneys' fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted contrary to this Agreement for the benefit of me or my child. This Agreement extends to all claims of every kind and nature whatsoever, whether known or unknown. I understand that Camp activities are inherently dangerous activities, and I fully assume the risks associated with my child's participation in HHNC activities, including but not limited to: the dangers of falls and collisions with other children, staff members, pedestrians, vehicles and fixed or moving objects; the dangers of all physical activities, the risk of drowning; the possibility of serious physical and/or mental trauma or injury or death associated with HHNC activities, among others. I certify my child is physically and mentally fit to participate in this program.

I hereby authorize the staff of HHNC to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release HHNC from any and all liability for any injuries, illnesses or lost property incurred while at HHNC. I represent that my child have no medical or physical condition which could interfere with their safety at HHNC, 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. I will be financially responsible for any advanced medical attention needed as a result of any injuries at HHNC. My agreement to sign on this waiver also states that my child is covered by my personal medical insurance policy or I agree to bear the costs of such injury or damages myself.

By signing this document, I agree that if my child is hurt or our property is damaged during participation in HHNC activities, 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 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 have had sufficient time to read this entire document, and should I choose to do so, consult with legal counsel prior to signing. I assert that I am the parent/legal guardian or otherwise authorized to execute a legally binding agreement on behalf of my child. I have read and understood this document and I agree to be bound by its terms.

**Parent/Guardian Signature**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_