

HEALTH RELEASE FORM - LAKE ERIE NATURE & SCIENCE CENTER

Child's Name: _____

For office use only

Date of Birth: ____/____/____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

PARENT/GUARDIAN:

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

IF PARENT CANNOT BE REACHED, NOTIFY:

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

Please note specific health problems: allergies, poison ivy, penicillin, other drugs, insect bites, etc.

PARENT AUTHORIZATION – In the event that I cannot be reached in an emergency, I hereby give permission to Lake Erie Nature & Science Center to secure NECESSARY emergency transportation to and treatment at the nearest hospital (St. John West Shore), unless otherwise noted by me. (Additional emergency authorization forms are available at each individual hospital should you wish to take further precaution.)

Date _____ Signature _____
Participant / Parent / Guardian (please circle one)

Participant Waiver of LIABILITY – For and in consideration of permitting the person or persons indicated above to enroll in and participate in Lake Erie Nature & Science Center programs indicated above, and any and all subsequent Center programs in which they participate, I hereby voluntarily release, discharge and relinquish any and all actions, causes of action and claims for personal injury, property damage or any other damages occurring to them arising out of, or in any way related to their participation in, and I represent that I understand that this release is intended to, and does, discharge in advance Lake Erie Nature & Science Center, any and all of its officers, directors, agents, volunteers, servants and employees from any and all liability, actions and causes of action even though that liability may arise out of the negligence and/or carelessness of Lake Erie Nature & Science Center.

Date: _____ Signature: _____
Participant / Parent / Guardian (please circle one)

Participant Waiver of PHOTO RELEASE – I authorize Lake Erie Nature & Science Center to take and use without payment, photographs or video images of me and/or my child during programs and classes to be used for public relations purposes, marketing, and for the Center's website.

Date _____ Signature _____
Participant / Parent / Guardian (please circle one)