



PARTICIPANT AUTHORIZATION: I hereby give permission to Lake Erie Nature & Science Center to secure NECESSARY emergency treatment at the nearest hospital (St. John West Shore Hospital) unless otherwise noted by me. Additional emergency authorization forms are available at individual hospitals should you wish to take further precaution.

PARTICIPANT WAIVER OF LIABILITY: For and in consideration of permitting the child indicated below to participate in preschool programs 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/signature, I represent that I understand that this release is intended to, and does, discharge in advance Lake Erie Nature & Science Center 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.

Name _____ Phone _____

Address _____

E-mail Address _____

Birthdate _____

In Case of Emergency, Please Contact:

1.) Name _____ Phone _____ Relationship _____

2.) Name _____ Phone _____ Relationship _____

Please note any issues, allergies or current medications that we should be aware of: (i.e. reactions to bee stings, poison ivy, penicillin, etc.) Please provide full details as well as any other information that will enable us to help your child succeed in our program.

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN: I _____ have read and am in compliance with the Participant Authorization above and give permission for the above-named individual to participate in preschool programs at Lake Erie Nature & Science Center. I understand that some activities may take place outside of the Center, including the woods, creek and beach, as well as localities out of the Huntington Reservation.

Parent/Legal Guardian Signature _____ Date _____

Parent E-mail Address _____

GENERAL PHOTO RELEASE FORM: I hereby consent to and grant Lake Erie Nature & Science Center permission to use for online media, publication, advertising and exhibition, either using or not using my name or the name of my child, the photographs of me or my child taken at Lake Erie Nature & Science Center or its activities.

Name _____

Parent/Legal Guardian Signature _____ Date _____

Witness _____