

Antrim Conservation District: Conservation Kid's Camp

Child's Name: _____

Parent/Guardian's Name: _____

Address: _____

Child's Birthday: _____

Child's T-Shirt Size: _____

SECTION I - RELEASE FOR AUDIO, VIDEO, FILM AND PHOTOGRAPHS

Participants attending Antrim Conservation District (ACD) events are sometimes photographed for ACD promotional materials. Please check one of the two options below.

- ☐ I **do** authorize Antrim Conservation District to record and photograph my child's image and voice for use by Antrim Conservation District. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.
- ☐ I **do not** authorize Antrim Conservation District to record my child's image and voice for use by Antrim Conservation District.

Parent/guardian name _____

Signature _____

Date _____

SECTION II - INFORMATION NEEDED ABOUT PARTICIPANT:

Please circle yes or no. If yes, explain below or on another sheet if you need more room.

Yes	No	Does the participant have any chronic health problem or illness?

Yes	No	Does he or she have an acute illness now?

Yes	No	Has the person been treated recently for some medical problem?

List any medications he or she is now taking for treatment of any medical problem _____

Yes	No	Does the participant have any allergies to medication or local anesthetics?

Yes	No	Does he or she have any allergies?

Date of his or her last tetanus shot _____

General Release of Liability and Authorization for Treatment

This information is correct to the best of my knowledge and the person herein described has permission to engage in all camp activities except as noted. In consideration for being allowed to participate in the Antrim Conservation District's programs, I agree to assume the risk of such activities and programs and I further agree to hold harmless Antrim Conservation District and its staff members conducting the activities, County of Antrim, any sponsors of this camp, and volunteers, from any and all claims, suits, losses, or related causes of action for damages including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for me or my child to participate in all planned camp activities. Antrim Conservation District is not responsible for lost, stolen, or damaged personal articles. I recognize that while participating in ACD activities, medical treatment on an emergency basis may be necessary for my child, and I further recognize the ACD staff/volunteers may be unable to contact me for consent for emergency medical care. **I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care.** I acknowledge that this General Release of Liability and Authorization for Treatment of Antrim Conservation District is legally binding on me personally and on my heirs, personal representatives, successors, and assignees.

Name of parent/guardian _____

Signature of parent/guardian _____

Date _____

Address _____

Phone (where we can call you in an emergency) _____

Phone (where we can reach you the morning of the program if needed) _____

If we are unable to reach you at the number above:

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Please use the space below to indicate any other issues of which we should be aware: