

IslandWood Release Form (Children under 18 years old)
PARENT OR GUARDIAN: PLEASE COMPLETE BOTH SIDES OF THIS FORM IN INK.

CHILD'S NAME _____
School/Group: _____ Program Dates: _____
Teacher's Name _____
Child's Age: _____ Grade: ____ Birth Date: _____ Gender (Female, Male, Other) _____
Address (include city and zip): _____
Parent/Guardian Name: _____ Day Phone: () _____
Evening Phone: () _____ Cell Phone: () _____ Email: _____
EMERGENCY CONTACT:
Name: _____ Day Phone: (____) _____
Evening Phone: (____) _____ Cell: (____) _____ E-mail: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

ACKNOWLEDGEMENT AND RELEASE AUTHORIZATION FOR MEDICAL TREATMENT:

I am familiar with the program for which the child is registering. I understand that this program involves activities of a physical nature that will take place in an outdoor environment, and may include hiking on trails and rough terrain and in the vicinity of bodies of water, overnight camping and walking on high bridges and canopy walkways. I further understand that there are risks associated with these kinds of activities.

As a condition of participation in this program and/or the use of IslandWood equipment and/or facilities, I agree that I will be fully responsible for any and all personal injuries, property damage, loss of personal property, or any other loss that may result from my child's participation, and I agree not to hold IslandWood responsible, and their respective agents and employees, to the fullest extent permitted by law, for any damages, liabilities or expenses that result from participation in this program and/or the use by the participant of any IslandWood facilities and /or equipment.

If my child is taking any medication, I understand that IslandWood will not be responsible for administering or dispensing such medication, and that I will be required to make any necessary arrangements for the administering of such medication through the participant's school. I hereby give permission to personnel of ISLANDWOOD to authorize any x-rays, tests, procedures, anesthetic, surgery or treatment on behalf of, and to provide or arrange for any transportation of, my child as may be required in the event of an emergency. If I, or the emergency contacts designated previously, cannot be contacted, I hereby give permission to a licensed physician, or other qualified health care provider as may be appropriate, to administer such treatment to my child, the participant, as may be necessary under the circumstances, including the hospitalization of my child.

I certify that I have completed the Health History and Health Questionnaire on the back of this form fully and accurately and accept full responsibility for any errors or omissions.

MEDIA/ARTWORK AUTHORIZATION: I agree that any photographs or digital images taken by IslandWood personnel of my child as a program participant, and copies of artwork made by my child while an IslandWood program participant, shall be the property of IslandWood, and may be used by IslandWood, at its discretion, for any publicity, education, marketing and/or advertising purposes and I hereby consent to and authorize such use without restriction.

I HAVE READ THE AGREEMENT, FULLY UNDERSTAND IT, AND GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE PROGRAM IDENTIFIED ABOVE.

Signature of Parent or Legal Guardian: _____ Date: _____

Print Name & Relationship to Child: _____

BEFORE RETURNING THIS FORM TO YOUR CHILD'S SCHOOL,
BE SURE TO COMPLETE THE MEDICAL/DIETARY QUESTIONS ON REVERSE!!!

<p>Physical Condition</p> <p>Please list any physical/medical conditions that would be helpful for us to know about this child.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Is this child capable of walking 3 miles, with frequent rest stops, in the course of a day?</p> <p>_____ yes _____ no</p>	<p>Medications</p> <p>Is your child taking any medications? _____ yes _____ no</p> <p>If yes, please be sure you have notified your child's teacher and submitted any necessary medical paperwork to your school prior to the trip.</p>
<p>Food Requests</p> <p>Please indicate any dietary requests due to your child's preferences, religious practice, lactose intolerance, food sensitivities, treatment for a behavioral condition, celiac disease, etc. We are able to accommodate most food requests. But if your child has a diagnosed food allergy, you must also complete the box to the right. We treat food allergies with added precautions.</p> <p>Please circle any that apply:</p> <p>No meat (vegetarian)</p> <p>No animal products (vegan)</p> <p>No pork/no red meat</p> <p>No peanuts/no tree nuts</p> <p>No dairy (with the exception of _____)</p> <p>No wheat/gluten</p> <p>No other: _____</p>	<p>Food Allergies</p> <p>Does your child have a food allergy that has been diagnosed by a doctor?</p> <p>yes _____</p> <p>If Yes, a copy of your doctor's signed Food Allergy Action Plan or your school nurse's signed Health Care Plan must be attached to this form. Be sure the plan is up-to-date and lists all current food allergies. Without this form, your child may not attend IslandWood.</p> <p>Does your child have an epi-pen?</p> <p>Yes _____ no _____.</p>
<p>Miscellaneous</p> <p>Is there anything else that you believe it is important we know in regard to your child's participation in this program? If so, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Health Care</p> <p>Is child covered by any medical insurance: _____ yes _____ no</p> <p>If yes, Carrier: _____</p> <p>Subscriber's Name _____</p>

*****Please read and sign the front of this page.*****