



### Registration/Liability Waiver

This Registration Form shall be completed by the legal authorized parent or guardian of minor/child participant. This information may be shared with staff and volunteers for the purpose of the administration of the program.

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_  
Parent/Guardian's Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Parent's Email \_\_\_\_\_  
School Attending \_\_\_\_\_ Current Grade \_\_\_\_\_

### Emergency Contact Information / Health Information

In case of emergency, please notify (if we cannot reach the Parent/Guardian listed above):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
Name of Medical Insurance Provider \_\_\_\_\_

Does the camper have any medical, psychological, or behavioral conditions we should be aware of (asthma, diabetes, insect bites, medication, food allergies, etc.)? Yes \_\_\_ No \_\_\_ If yes to any of the above conditions, please explain \_\_\_\_\_

- 1. Are there any medical or health factors or limitations that might affect participant's performance in the activity? Yes \_\_\_ No \_\_\_
  - 2. Is participant taking any medications or have a condition that may affect their safety or performance in the activity? Yes \_\_\_ No \_\_\_
  - 3. Does participant require any special accommodations (due to disability) to participate in the activity? Yes \_\_\_ No \_\_\_
- If yes to any of the above, please explain \_\_\_\_\_

In case of injury or emergency, I (for participant minor/child), give permission for an activity representative to call 911 and transport participant to the nearest hospital. I shall inform the park staff, in writing, of any medical or health conditions of participant that occur or develops which could affect participant's safety, performance or participation in or throughout the activity.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### Acknowledgement, Waiver and Release of Liability and Photo Release

I hereby confirm participant is in good health and able to participate in the activity. I acknowledge the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity. I further understand that concussion information is available at [www.cdc.gov/concussion](http://www.cdc.gov/concussion)

I acknowledge Baltimore County, Maryland; Oregon Ridge Nature Center Council and their respective employees, directors, officers, volunteers, members and any other participant, entity, party or person involved in any regard to the activity or the activity premises and their respective agents, personal representatives, heirs, employees, contractors, successors and assigns (each as "activity representative" and collectively the "activity representatives"), shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of and agree to the terms of this registration form. I hereby unconditionally release, discharge, covenant not to sue, waive my rights and remedies and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on this registration form are to the best of my knowledge true and correct throughout the activity. I shall inform the park staff in writing if any information provided in this registration form is incorrect or changes through the course of the activity. I understand Baltimore County and/or Oregon Ridge Nature Center Council do not perform criminal and/or background checks on all activity representatives. I shall present a government-issued photo identification card including, but not limited to, my drivers license, passport, or United States Visa to the activity representative for review, if requested, at the time I submit this registration form to the Oregon Ridge Nature Center Council.

I hereby give permission for images of my child, captured during Oregon Ridge Summer Camp to be used solely for the purpose of Oregon Ridge Nature Center, Oregon Ridge Nature Center Council and Baltimore County Government promotional material and publications, and waive any rights of compensation or ownership thereto.

Signature of parent/guardian \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Print name of signatory \_\_\_\_\_ Date \_\_\_\_\_ REV. 1/23