

LIABILITY, FIRST AID & CPR, PHOTO RELEASE

FRIENDS OF THE MIDDLESEX FELLS RESERVATION

THANK YOU FOR YOUR SUPPORT

Welcome to the beginning of our next outdoor education program season: 2017

Friends of the Middlesex Fells Reservation ("Fells") - Youth Program Group Waiver and Release

As the parent and/or legal guardian of the child named herein, I wish for my child to participate in the Friends of the Middlesex Fells Reservation's ("Friends") Youth Programs, which may include in-the-classroom and outdoor learning experiences.

I, the undersigned, agree to hold harmless the Friends, its representatives, any land or facility owner and any other person officially connected with this youth hiking program from any and all liability for damage or loss of personal property, sickness, injury or death which might occur while participating in any youth program event in the Fells. I am aware of the risks of participation and state that my child is in sufficient physical condition to accept this level of activity. I am aware and understand that it is not possible for the Friends of the Fells, or any of its officers, directors, volunteers, agents, or employees to guard against such hazards or occurrences. I understand that my

participation in this and other Youth Program events is voluntary and that by choosing to participate I hereby voluntarily agree to assume any and all risks associated with this outdoor learning program.

I understand that there are possible dangers associated with the Fells program, including but not limited to, stinging and biting insects, poison ivy, and hot or cold weather. I understand that my child's participation may involve sustained physical activity.

My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the activity.

My signature indicates that I have read and understood the above statement and agree to the terms as stated. I understand that this waiver is effective for any Fells Youth Program that I choose to participate in.

By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

PLEASE
COMPLETE AND
SIGN LIABILITY,
FIRST AID & CPR,
PHOTO RELEASE



THANK YOU!



FRIENDS OF THE MIDDLESEX FELLS RESERVATION PHOTOGRAPH, FILM, VIDEO, AND AUDIO CONSENT AND RELEASE

The Friends of the Middlesex Fells Reservation ("Friends of the Fells") uses images and sounds of persons enjoying its sanctuaries and participating in its programs and events in support of its educational and charitable mission. The Friends of the Fells will not use a person's likeness, or identify any person by name, unless it has received specific written permission to do so. In consideration of the above, I grant the Friends of the Fells permission – (1) to photograph, film, and make audio and/or video recordings of, me and/or my child, and (2) to use and display the photograph(s), film(s), and audio and/or video recording(s) of me and/or my child or children's likeness(es), voice(s), and appearance(s), in whole or in part, in the Friends of the Fells website, archives, and promotional and/or informational material (including, but not limited to, newsletters, brochures, advertisements, and newspaper articles), and in any and all media, broadcast, or digital format, including electronic, radio, internet, and television, throughout the world.

I hereby waive and release any right to compensation for, or ownership of, such photograph(s), film(s), and audio and/or video recording(s) of me and the above uses of them by the Friends of the Fells. I have read this consent and release and agree to its terms and conditions.

Permission to Administer First Aid and/or CPR – Health Information

By signing this form, you are stating that you give the educator(s) permission to:

1. Transport your child to a medical facility and receive emergency medical treatment.
2. Administer basic First Aid and/or CPR on your child.
3. Apply basic first aid topical medications and/or emergency medications you provide (e.g.: EpiPen). Please specify below, if needed:

4. Please let us know any **ongoing health disorders** your child might have and how we should be prepared to handle them. Please specify below:

Permission to administer first aid & CPR, photograph permission, and liability release

Parent's/Guardian's Name (printed)

Child's name & date of birth

Parent's/Guardian's Signature

Date

Address: _____

Emergency Contact Information: Phone Number: Email:
