



# LIABILITY, FIRST AID, CPR, & PHOTO RELEASE

**THANKS FOR JOINING US AT FELLS FOREST CAMP 2022**

**Please read ALL information carefully.**

**At the time of registration you will be asked to electronically sign off on the below waivers & releases.**

**Questions? Email us at [forestcamp@fells.org](mailto:forestcamp@fells.org)**

## FRIENDS OF THE MIDDLESEX FELLS RESERVATION (“FELLS”) FOREST CAMP 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”) Forest Camp programming.

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 electronically, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.**

## 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 participating in its programs and events in support of its educational and charitable mission. The Friends of the Fells will not 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 recording(s) 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, through 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/or my child, and the above uses of them by the Friends of the Fells.

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

**During online registration, you will be given the opportunity to opt out of granting permission for Friends of the Fells to use images, video, or audio recordings of your child.**

## FRIENDS OF THE MIDDLESEX FELLS RESERVATION PERMISSION TO ADMINISTER FIRST AID AND/OR CPR – HEALTH INFORMATION

**By signing electronically at the time of registration, I am stating that I give Camp Staff permission to:**

1. Transport or authorize transport of your child to a medical facility to receive 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 let us know any ongoing health disorders your child has and how we should be prepared to handle them in our registration form.**