



Health Information / Permission Slip / Participant Waiver & Release of Liability
September 1, 2010—September 1, 2011

PERSONAL INFORMATION

Name: _____

Address: _____

Date of Birth: _____ Name of Parent or Legal Guardian: _____

Student Phone: (cell) _____ (home) _____ (work) _____

Mom Phone: (cell) _____ (home) _____ (work) _____

Dad Phone: (cell) _____ (home) _____ (work) _____

MEDICAL INFORMATION

Insurance Provider: _____ Policy Number: _____

Name of Doctor: _____ Phone: _____

Allergies: _____

Medications: _____

Conditions that we should be aware of:

In case of emergency, we first attempt to contact the parents/legal guardians listed above at all available phone numbers provided. If we are unable to reach the parent/legal guardian, who else should we attempt to contact?

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____



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WAIVER AND RELEASE OF LIABILITY

I, being the parent or legal guardian of _____ (minor) in consideration of such minor's participation with Freewater Experience activities, do release, discharge, and hold harmless Freewater Experience, their officers, agents, and representatives from any and all claims, demands, damages, right of action, causes, of actions, or any liabilities whatsoever which may arise, or have arisen on account or in any way related to participation in any Freewater Experience activity.

X _____
 Signature of parent or legal guardian Date

PERMISSION TO PARTICIPATE

I, being the parent or legal guardian of _____ (minor) give permission for him/her to participate in Freewater Experience activities from 9/1/10 to 9/1/11, which include but are not limited to: fishing trips, hunting trips, camps, group meetings, daily outings.

X _____
 Signature of parent or legal guardian Date

PERMISSION TO TREAT A MINOR CHILD

I, _____, the legal parent or legal guardian of _____, a minor, have given my permission for him/her to participate in Freewater Experience activities. In the event that he/she is injured and requires the care of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital refuse to administer without our consent, we authorize Russ Gabel, director of Freewater Experience, to act alone, or delegate to another person, the power to consent on our behalf, if we cannot be reached by telephone at one of the numbers indicated on the reverse of because an emergency situation does not provide the opportunity or time to make a call.

In the event that it becomes necessary for that person to give consent for us, we agree to hold such person, and Freewater Experience, free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

X _____
 Signature of parent or legal guardian Date

PERMISSION TO PUBLICIZE PICTURES OF MINOR CHILD

I understand that photographs and videos are taken regularly at Freewater Experience activities. I give permission for my student to be video taped or photographed for use in promoting Freewater Experience on the internet, or in print

X _____
 Signature of parent or legal guardian Date