



Broadlands Nature Center Programs

21907 Claiborne Parkway Broadlands, VA 20148

Phone: 703-729-9704

Email: naturalist@broadlandshoa.com

- All programs will be held at the Broadlands Nature Center, unless otherwise specified in the program documentation.
- To register for any program (other than summer camps or custom group events such as birthday parties, scout programs, home school groups), please fill out the Registration and Waiver forms and either mail to us along with your payment, or stop by the Broadlands HOA office at the Nature Center to register in person Monday - Friday from 9am to 5pm. Credit cards are accepted with in person registration.
- Confirmation of your registration will be emailed approximately two weeks before the scheduled program. However; if a program is full you will be notified immediately and may choose at that time to either remain on the waitlist or receive a refund of your payment.
- Most programs are limited to 10-15 participants (based on age group), so register early. Programs also have a minimum enrollment, so early registration is important to ensure that programs run.
- **Cancellation Policy:** Cancellations must be made at least six (6) working days before the beginning of the program. No refunds will be given if participant cancels less than six (6) days prior to the event. If a program is cancelled by the Broadlands Nature Center you will receive a full refund.

I have read the terms of the Nature Program Registration and have signed the Waiver Release Form:

Signature: _____ Date: _____



WAIVER RELEASE FOR NATURE CENTER PROGRAMS

****Please complete a separate copy of this page for each participant****

Statement of Wellness and Permission to Administer Emergency Treatment

I, _____, do hereby verify that I/ my child, _____, to the best of my knowledge is free from contagious disease, is fully immunized, and is able to participate fully in nature programming provided by the Broadlands HOA (BHOA) and the Audubon Naturalist Society (ANS). I understand that programs may involve certain active outdoor activities and field trips off the property. While the BHOA and the ANS try to make programs as safe as possible I understand that there may be risks and dangers involved in any activity. In case of a medical emergency, and in the event that the parent/ guardian cannot be reached, I hereby give my permission for emergency treatment to be administered to my child. I waive and release the Broadlands HOA and the Audubon Naturalist Society and their employees from all liability for any personal injuries, illness, loss, or damage to property. I agree to assume liability for any expenses incurred in such an emergency (transportation, hospitalization, x-rays, etc.).

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

Photo/ Web Gallery Release:

The BHOA and the ANS reserve the right to use photos and film of participants for informational and promotional purposes. We will not identify you or your child by name. If you don't want you or your child to appear in any BHOA or ANS publication or ad, please send your request in writing to naturalist@broadlandshoa.com.

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

Code of Conduct (To Be Completed by Participant AND Parent/Guardian)

Every guest deserves to enjoy the Nature Center programs. Program participants are expected to:

- Be respectful of other volunteers, staff and guests.
- Follow safety rules and instructions

If any participant(s) behave in a manner which is deemed emotionally, and/or physically harmful to the animals, guests, staff or volunteers at the Nature Center, he or she will be suspended from the program and will not be entitled to a refund of program fees.

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____



BROADLANDS



Program Name:	Date of Program:
Cost of Program:	Time of Program:

Family Information		
Family Name:		
Address:		Phone:
Email:		
May we add you to our email list?	Yes No	Broadlands Resident? Yes No

Participant Information			
First Name	Last Name	Birthdate (Youth Only)	Medical Conditions or Allergies?

Emergency Contact Information			
First Name	Last Name	Phone #	Relationship to Participant

** Please attach any additional information needed to further describe medical conditions and/or allergies we should be aware of in case of an emergency.

OFFICE USE:	
Payment type: Cash / Check / Credit	Payment Amount:
Special Notes:	Date Received:
Confirmation Email Sent: YES	Added to Email List: YES