



WAIVER RELEASE FOR NATURE CENTER PROGRAMS

Before registration can be completed, you will be required to check the box at the bottom of the booking page to acknowledge agreement to the terms and conditions stated in this waiver.

Statement of Wellness and Permission to Administer Emergency Treatment

I, the guardian 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.).

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.

Code of Conduct

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.

PLEASE COMPLETE, PRINT AND BRING THE *ALLERGY INFORMATION* FORM ON PAGE 2 TO CAMP



Allergy Information

PLEASE BRING A COPY OF THIS COMPLETED PAGE TO CAMP

Name of Participant: _____

NO KNOWN ALLERGIES

THIS CHILD IS ALLERGIC TO:

1) List what the child is allergic to 2) the reaction seen 3) how to manage the reaction 4) if medications are to be brought to camp

Food: _____

Medicine: _____

The environment (insect stings, hay fever, etc.): _____

Other: _____
