

# Winter Wilderness Camp

## Registration Form

### Please fill out both pages:

(Please note: your child must be in 3rd grade or older, to qualify for this camp.)

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent or Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Please Answer the Following:

Are there any medical conditions, limitations, or allergies of which we should be aware? \_\_\_\_\_

Will your child be taking any medications during the time he or she is participating in the program? If so, please list the name and purpose.

\_\_\_\_\_

Does your child have any food allergies or dietary restrictions? \_\_\_\_\_

**Cost:** \$20 (Cash or Checks accepted). Checks can be made out to WCCB.

**Registration forms are due no later than Monday, December 21<sup>st</sup> by 4:00 PM.**

Completed forms can be mailed to:

WCCB  
2943 HWY 92  
Ainsworth, IA 52201

**Consent for Emergency Medical Treatment:** I hereby give permission to the medical personnel selected by Washington County Conservation Day Camp Program to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my minor child. In the event that a parent or guardian cannot be reached in an emergency, I hereby give permission to the physician selected by Washington County Conservation Day Camp to secure and administer treatment, including hospitalization, for my minor child. In the event that the minor child sustains injury or illness while participating in the program, I hereby authorize the rendering of any emergency first aid, medication, medical treatment, or surgery if deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf any permission forms and or other necessary medical documents and to act on my behalf if I am not immediately available. This consent for emergency medical treatment includes the treatment by the camp's staff to handle minor medical needs that do not rise to the level of an emergency room visit or doctor's involvement (for example, applying band-aids or other necessary first aid treatment).

**Waiver & Release From Liability:** In registering the minor to participate in this Washington County Conservation Day Camp Program, I certify that I am acting as the minor's parent or guardian, and understand that in outdoor or indoor group activities there are always risks of illness or injury, however much organizers have attempted to prevent and negate such risks, so I hereby release, waive, discharge, and covenant not to sue the Washington County Conservation Board, Washington County, or any employee of, or volunteers for, Washington County, all for the purposes herein referred to as "releases," from all liability to the undersigned, the minor, his or her personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of illness or injury, property damage, or illness resulting in death of the minor child, whether caused by the negligence of the releases or otherwise while participating in the camp or event. I also understand that health and accident insurance protection is my responsibility. The undersigned also hereby agrees to indemnify, defend, and hold the releases harmless from any and all claims, actions, suits procedures, costs, expenses, damages and liabilities including, but not limited to, attorney's fees, arising from, or in any way related to, the minor child's participation in the camp.

**Severability:** The undersigned expressly agree that the foregoing assumption of risk, release and waiver of liability, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Iowa and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** The undersigned have read this contract and has had the opportunity to ask questions about the same. The undersigned fully understands this contract, and that the undersigned is giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. The undersigned acknowledge that he or she is signing this agreement freely and voluntarily with full knowledge.

\_\_\_\_\_ (Name of Child) has my permission to participate in the Washington County Conservation Day Camp Program. I give permission for the camp participant named above to engage in all prescribed camp activities. I will make sure the camp participant understands and agrees to abide by the restrictions noted on camp activities. I acknowledge and agree that I understand the nature of the camp and its programming. My child is qualified, in good health, and in proper physical condition to participate in this camp. I further acknowledge that there are certain inherent risks and dangers associated with participating in this camp program; and that, I knowingly and voluntarily accept, and assure the responsibility of each of these risks and dangers, and all other risks and dangers that could arise out of, or occur, during my child's participation in the camp. I do hereby voluntarily assume full responsibility for any risk of loss, property damage, personal injury, including death, that may result from participation in camp activities.

\_\_\_\_\_ YES, I hereby give permission to the Washington County Conservation Board to photograph my child and use those photographs of my child for publicity purposes. Last names will not be used in identifying children in captioned photos. I, and on behalf of my child, assign, transfer and grant to the Washington County Conservation Board, its successors, assignees, licensees, sponsors, any other representatives of Washington County Conservation Board, the exclusive right to photograph my minor child and to utilize such photographs and minor's name (last names will not be used), face, likeness, and appearance as a part of the camp for any use or purpose whatsoever and without reservations or limitations. I further understand that neither the Washington County Conservation Board nor any third party is under any limitations. I further understand that neither Washington County Conservation Board nor any third party is under any obligation to exercise any of the foregoing rights, licenses, and privileges. I, in my own behalf and on behalf of the minor, waive any right to inspect or approve the copies of any promotional materials related thereto. The Washington County Conservation Board, as the sole owner of the photographs, shall have exclusive rights to control and determine the use, display, performance, reproduction and dissemination of any such photographs. I do not expect compensation and I understand that all of the photographs are the property of the Washington County Conservation Board.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_