



# Museum of Northern Arizona 2022 Discovery Camp Health and Liability Form

I ATTEST THAT THE FOLLOWING MEDICAL DISCLOSURE IS TRUTHFUL AND COMPLETE

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

In an emergency notify: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: (H): (\_\_\_\_\_) (W): (\_\_\_\_\_) (C): (\_\_\_\_\_) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

CAMP 1: \_\_\_\_\_ CAMP 2: \_\_\_\_\_ CAMP3: \_\_\_\_\_

**Please attach a photo or scan of your child's Covid vaccination card. Covid-19 vaccination is required to participate in camp.**

**Does your child have:** YES / NO

Asthma or other respiratory problems: ( ) ( ) Treated with: \_\_\_\_\_ *If Inhaler, child must carry 2*

Allergy to bee stings: ( ) ( ) **If yes, child must carry 2 Epi-pen kits**

Food Allergies / Dietary Restrictions: ( ) ( ) **Can NOT Have:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

Allergy to Penicillin: ( ) ( )

Allergy to Sulfa drugs: ( ) ( )

Describe all allergies and the kind of reaction:

Describe all medical conditions:

List all medications your child takes:

**MEDICAL RELEASE:** In the event of an emergency, I understand every effort will be made to notify the emergency contact or physician provided on this form. If these contacts cannot be reached, I give permission to the physician selected by MNA staff to hospitalize, secure proper treatment, order injections, anesthesia, and/or surgery for my child.

**PHOTO RELEASE:** By enrolling in the Discovery Camp program at MNA, I am granting MNA permission to use photographs taken of my child during the camp to promote future MNA programs on MNA's website, brochures, and other marketing materials. Photos taken by MNA are the property of and copyrighted by MNA. I understand my child's face may be visible in these photographs, but my child's name will not be printed in photo descriptions or captions. I realize I will not have an opportunity to view these photos or choose which ones are used by MNA.

**ACKNOWLEDGMENT OF RISK & PARTICIPANT RESPONSIBILITY:** Experiential and outdoor education involves inherent risks. MNA staff with Red Cross First Aid and CPR training is present at programs. However, through your child's participation in activities sponsored by MNA, you acknowledge there are risks and dangers associated with on campus programs, trail and off-trail hiking, travel in 15-passenger vans and all other motor vehicles, and the risk of injury or illness. You acknowledge there are always elements of the unknown with all programs and not all variables are under the control of contracted outfitters or MNA staff. Acknowledging these risks, you assume these risks for your child participating in MNA programs. MNA is not liable for loss or damage to personal items, including damage or theft of private vehicles left on MNA premises.

You are responsible for preparing your child for MNA programs, including thorough review of provided materials so you and your child are familiar with the content and physical activities involved. You are responsible for bringing the appropriate gear and clothing for your child. For programs involving physical exertion, you are responsible for ensuring your child is in appropriate physical condition. If any aspect of the program including safety considerations and etiquette or hygiene is not clear to you or your child, it is your responsibility to ask questions. If your child's medical record or needs should change after the date listed below, it is your responsibility to submit a medical update in writing to the Discovery Manager prior to your child's further participation in MNA programs. The safety and enjoyment of the entire group depends upon you and your child's fulfillment of these responsibilities.

I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Museum of Northern Arizona, its respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the activity takes place, (each considered one of the "releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

**I UNDERSTAND A NEW HEALTH AND LIABILITY FORM MUST BE COMPLETED EACH CALENDAR YEAR**

**I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.**

◆Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_