



# Miami County Park District

AGE \_\_\_\_\_

## RELEASE OF LIABILITY FORM (MUST BE FILLED OUT FOR EVERY CHILD)

**Miami County Parks Program** ECO-SPLORES is designed to provide an opportunity to learn about our natural environment. Because a major part of the Eco-Splorers experience will involve interacting with all aspects of nature, including animals, we ask that attendees behave in a responsible and cooperative manner. We are confident that each participant will have an educational and fulfilling experience; however, those who find it difficult to be kind and respectful will be asked to sit out.

**Parental Consent: Must be completed for all minors.**

Name of Minor Participant (Please Print): \_\_\_\_\_

Parent or Guardian of Minor (under age 18):

I \_\_\_\_\_, as Parent or Guardian, of the above stated minor participant represent to Miami County Parks that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in ECO-SPLORES. Further, in consideration granting such license, agree, individually and on behalf of my child or ward, to terms of the above Agreement and Release of Liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Form (please print)**

Name:(child) \_\_\_\_\_ Sex: M/F **Date of Birth:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Parent/Legal guardian Phone (**during program**)#: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Person to contact in case guardian cannot be reached: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Pertinent medical history** (asthma, diabetes, allergies, etc.): \_\_\_\_\_

I, Parent or Guardian of \_\_\_\_\_ (minor) give Miami County Parks staff permission to administer first aid and/or transport said minor to nearest hospital or clinic for medical treatment.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_