



# Howell Nature Center

1005 Triangle Lake Rd. Howell, MI 48843 • Office # 517-546-0249 Fax # 517-546-1677 • www.howellnaturecenter.org

## Agreement to Participate for MINORS

Group/School/Camp Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

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

Parent/Guardian's Names \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

I understand that at the Howell Nature Center, I am expected to follow all the rules as presented by the Challenge Program facilitator, Ropes staff, & EE staff including, but not limited to: listening and following safety instructions, running is not allowed, no negative comments to other participants, respect for adults in charge and other participants, and positive encouragement given to other participants.

I fully realize that participation in the high ropes, low ropes, initiatives, obstacle, tower, zip line, wall climbing courses ("Courses"), Global Village, and all Environmental Education classes involves psychologically and physically challenging situations and that my participation in the same could result in injuries including but, not limited to: sprains, cuts, rope burns and/or abrasions or more serious injury. I acknowledge that the Howell Nature Center ("HNC") has/will informed me of all required safety regulations and that my failure to follow the regulations and instructions may result in serious injury.

### **PARTICIPANT'S SIGNATURE**

**DATE**

I understand that a physician should be consulted before participation in these courses if my child has one of the following conditions: is pregnant, has a back condition, high blood pressure or a heart condition. I understand that an inhaler for exercised induced asthma, an Epi-pen for severe insect allergies or any other medication needed for a chronic medical condition should be brought with my child to the challenge courses. I acknowledge that my child's participation in the Courses means I accept the dangers that are open, obvious and necessary to these activities.

I agree to hold the **Howell Nature Center, its sponsors, agents, representatives, board members, employees, contractors and suppliers harmless for any and all damages which my child might sustain and suffer in connection with my child's participation in the Courses, programs, and activities at HNC.**

The HNC has my permission to secure emergency care for my child if necessary. I accept full responsibility for the cost of any treatment for any injury suffered while participating in the Courses.

### **AUTHORIZATION FOR AUDIO/VISUAL RECORDS**

I understand that the Howell Nature Center may take certain reasonable recording of this camping event. I hereby authorize the HNC to have and use reasonable photographs, video, and audio/video records of my child for purposes of legitimate HNC records, public relations, and/or advertising.

### **MEDICAL STATEMENT**

I recognize that climbing can be a strenuous endeavor requiring my child to be in good physical condition.

I am listing below those conditions my child has that could restrict my child's participation in the Challenge Courses, and activities while at camp at the HNC.

Medications currently taking: \_\_\_\_\_

I further certify that to the best of my knowledge, I attest that I have disclosed all information that could restrict my child's participation in this activity.

**IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF BOTH PARENTS IS REQUESTED IN ADDITION TO PARTICIPANT'S SIGNATURE.**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE**

\_\_\_\_\_  
**DATE**