

# Coyote Tracks Waiver Form

I approve of my child's attendance at the Coyote Tracks and certify that he/she is in good health and able to participate in the program activities. I am attaching a statement explaining special physical limitations and/or required medication. Please indicate if your child suffers from allergies, asthma, diabetes, restricted activities, etc. In further consideration of the Coyote Tracks accepting this application, I/we hereby agree to save and indemnify and keep harmless the Coyote Tracks, Ocean Song Farm and Wilderness Center, and Earthways Foundation, its agents, and employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course given the participant of Coyote Tracks.

Although Coyote Tracks has taken reasonable steps to minimize risks for participants, I/we recognize that certain inherent risks are involved in Coyote Tracks activities, including (but not restricted to) swimming, hiking, wilderness exploration, physical games, etc. Activities may result in exposure to plants, animals, insects, allergies, and associated diseases, and include the possibility of slips, falls, scrapes, etc, which could result in scratches, bruises, sprains, fractures, concussions, or even more life threatening hazards. I/we are aware of the risks to participants these activities entail, that this list is not complete and that other unknown or unanticipated risks may result in injury or death. I/we agree to resume responsibility for risks herein identified and those not specifically identified. My child's (My) participation in this activity is completely voluntary. I/we assume full responsibility for myself and my children for bodily injury, death and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my own negligence in participating in these activities

I have read, understood, and accepted the terms and conditions of this document and acknowledge this agreement as legally binding upon myself, heirs, assigns, estate, and all members of my family, including minors

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number (home and work)

\_\_\_\_\_  
Address

**Participant's Name (Print):** \_\_\_\_\_

Participants Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

## **INSURANCE**

Coverage for accidental injury is required by all participants. Please complete the health care information below:

HEALTH INSURANCE CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

## **MEDICAL TREATMENT AUTHORIZATION**

I/We being the legal guardian(s) of the above participant, authorize the Coyote Tracks and its agents permission to request medical treatment as necessary or to transport the minor to a medical facility to insure the well being of the participant. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of the minor. I agree to pay all costs associated with such medical care and transportation, and that once that minor is in care of medical personnel or hospital, Coyote Tracks shall have no further responsibility for the minor.

Parent or Guardian Signature: \_\_\_\_\_

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

**Person to be contacted when parents can't be reached:**

Name.....Relationship.....

Address.....

Phone (home & work) .....

**Photo release**

I hereby assign and grant to the Coyote Tracks the right and permission to use and publish the photographs made of my child/children.

Parent or Guardian

Signature.....