

## Coyote Changes 2010 Waiver Form

I approve of my child's attendance at the Coyote Changes program 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 Changes program accepting this application, I/we hereby agree to save and indemnify and keep harmless the Coyote Changes program, 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 the Coyote Changes program.

Although the Coyote Changes program has taken reasonable steps to minimize risks for participants, I/we recognize that certain inherent risks are involved in the Coyote Changes program activities, including (but not restricted to) hiking, wilderness exploration, physical games, swimming, wood working, 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 \_\_\_\_\_ Male/Female \_\_\_\_\_

### **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 Changes program 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, the Coyote Changes program 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 and work) \_\_\_\_\_

**Please check your child's swimming ability** (we will always have a certified lifeguard at the pond during swimming activities):

- My child is allowed to swim in deep water without life vest
- My child is allowed to swim in deep water only with a life vest
- My child is only allowed to swim in shallow water with a life vest
- My child is only allowed to swim in shallow water, but does not have to wear a life vest

Other comments \_\_\_\_\_

Please let your child know what his/her swimming option will be.

**Photo release**

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

Parent or Guardian

Signature \_\_\_\_\_