

FIELDGUIDES APPLICATION

Please carefully read and complete all the pages of this application. A separate application must be completed and signed for each child, chaperone, or teacher participating in a FIELDGUIDES program.

Participant's Full Name _____ Age _____ Pronouns _____

Parent/guardian Name _____ Email _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contacts*:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

*Emergency contacts and the parent/guardian listed above are the individuals authorized to pick up the participant in case of an emergency or at the end of the program.

School _____ Grade Level _____ Teacher's Name _____

Medical History Info: Family Physician _____ Phone _____

We recommend all immunizations required for school be up to date, especially a current tetanus. Dates of last:

Tetanus or DPT _____ Hepatitis B _____ MMR _____ Chicken Pox _____.

Allergy Information: Does the participant have any allergies? _____

Check all that apply: To foods? _____ To drugs? _____ To insects? _____ To other? _____

Allergy/Allergen	Reaction/Severity	Treatment/Medication

Eating/Food Preferences: most meal planning and shopping will be done before the program. Please list dietary preference (e.g. vegetarian, omnivore, pescatarian, no red meat, etc.) _____

Does the participant have any dietary restrictions or aversions? _____ If yes please explain: _____

Does the participant take any medications? _____ If yes, please complete and sign the Medication Disclosure and Statement on page 2.

Medical Treatment Authorization: In the event of illness or injury, I hereby give permission for myself and/or my child named above to be treated by a physician chosen by a staff member of FIELDGUIDES INC. or chosen by my child's teacher or school representatives, and I will accept financial responsibility for any medical costs and/or emergency transportation costs incurred.

Parent/Guardian Signature

Date

Please check box if signing digitally. I am signing this Electronic Record using an Electronic Signature and I understand that it shall be considered an original and shall have the same legal effect, validity, and enforceability as a paper record.

Because the family bears the financial responsibility for any medical treatment needed by the participant, please list the family's insurance carrier and policy number:

Carrier _____ Policy Number _____.

Medication Information

It may be important for medical providers, FIELDGUIDES staff members, or school representatives to know if you or your child is taking medications while attending a FIELDGUIDES program. Participants under 18 years of age may not be in the possession of prescription or over-the-counter medications except as allowed by law. Parents should make sure they have given their child's medications to authorized representatives from their child's school before their child leaves for the program.

Medication Disclosure and Statement: List all medications the participant is taking or might take while attending a FIELDGUIDES program. A parent/guardian must sign and date below the listing. If you are a chaperone participant please sign and date below the listing.

The participant listed on PAGE 1 of this Application takes the following medications. If that participant is under 18 years of age I have made arrangements for school representatives to supervise the use of these medications.

<u>Name of Medication</u>	<u>Dosage & When Taken</u>	<u>Reason Taken</u>	<u>Side Effects to Note</u>
#1			
#2			
#3			
#4			
#5			

Print parent/guardian name Parent/guardian signature Date

Does the participant have any physical, medical, and/or behavioral conditions that might interfere with program activities or that FIELDGUIDES' staff should be aware of? Include additional pages as needed.

Please describe any mental/behavioral health concerns or history including anxiety, depression, suicidal ideation, etc.. Include additional pages as needed.

Risk Acknowledgement, Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your and/or the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your or the named minor's participation in FIELDGUIDES INCORPORATED Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in FIELDGUIDES INCORPORATED programs comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with FIELDGUIDES INCORPORATED programs, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with FIELDGUIDES INCORPORATED programs and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing and vaccination as means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in FIELDGUIDES INCORPORATED programs or accessing FIELDGUIDES INCORPORATED facilities could increase the risk of contracting COVID-19.** FIELDGUIDES INCORPORATED in no way warrants that COVID-19 infection will not occur through participation in FIELDGUIDES INCORPORATED programs or accessing FIELDGUIDES ICORPORATED facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my or the named minor's participation in FIELDGUIDES INCORPORATED programming, I, _____, the parent/guardian of the named minor, agree to release and on behalf of myself, the named minor, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE FIELDGUIDES INCORPORATED**, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against FIELDGUIDES INCORPORATED on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of FIELDGUIDES INCORPORATED facilities/equipment or participation in FIELDGUIDES INCORPORATED programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Initial

Initial

In consideration of my or the named minor's participation in FIELDGUIDES INCORPORATED programming, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my or the named minor's program participation.

I hereby certify on behalf of myself or the named minor that I have full knowledge of the nature and extent of the risks inherent in FIELDGUIDES INCORPORATED program participation and that I, on behalf of myself or the named minor, am voluntarily assuming said risks. I understand that I or the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, I or the named minor sustains while participating in FIELDGUIDES INCORPORATED programs and that by signing this agreement I, on behalf of myself or the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that I am or the named minor is in good health and have/has no conditions or impairments which would preclude safe participation in FIELDGUIDES INCORPORATED programs.

I am aware that during the program the named minor and the other students are under the control of chaperones acting as representatives of the school, and that during non-structured program time and at night those chaperones are responsible for the care and supervision of my child and the other students. I am aware that although FIELDGUIDES INC. employees are trained in first aid, they are not medical professionals, and any first aid help or routine health care they render is the action of a Good Samaritan. I hereby authorize FIELDGUIDES INC. to consult my family physician regarding the participant's medical needs and to release information from this FIELDGUIDES APPLICATION to medical and/or first aid providers.

I further certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor, if applicable. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

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