



Camp Emergency Information and Liability Waiver

Participant Name _____ Participant Birthdate _____

Program Name _____ Program Dates _____

Name of Emergency Contact _____

Phone (day) _____ Phone (evening) _____

Name of Physician _____ Medical ID # _____

Insurance/Medical Carrier _____

Special Restrictions or Needs _____

Food, Drug and Allergy Sensitivities (ex., bee sting, insect bite, poison oak, penicillin, nuts)

Other Pertinent Medical Information _____

In an emergency which may occur while in attendance of the Lindsay Wildlife Museum program, I hereby authorize the staff of Lindsay Wildlife Museum to provide care for:

Parent or Guardian Signature

As consideration for permitting the person(s) named above ("Participant (s)") to enroll and participate in Lindsay Wildlife Museum programs,

I AGREE TO RELEASE FROM ANY LEGAL LIABILITY, AND AGREE NOT TO MAKE ANY CLAIMS AGAINST OR SUE, LINDSAY WILDLIFE MUSEUM, and/or its owners, officers, directors, members, agents, volunteers and employees ("Releasees") for personal injury, wrongful death or property damage caused in whole or in part by the actual or alleged intentional act (s) or negligence of Participant (s), Releasees, other participants, or third parties. I AM AWARE THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT. Unless permission is refused in writing, it is understood that Lindsay Wildlife Museum may photograph, audio- or video-tape Participant's (s') and his/her/their child (ren) and reproduce the material for the purposes of documentation and promotion.

Dated _____

Signature _____

1931 First Avenue Walnut Creek California 94597 Phone 925-935-1978

www.lindsaywildlife.org

