

Trails For Kids, Venture in Nature
HOLD HARMLESS AND RELEASE OF LIABILITY AGREEMENT

Last Name :

PARTICIPANTS Names _____ Gender: ___ M ___ F Grade ____

PARTICIPANTS Names _____ Gender: ___ M ___ F Grade ____

PARTICIPANTS Names _____ Gender: ___ M ___ F Grade ____

Cell:

E-Mail:

___ I Grant permission for texts to be received on my cell phone in case of emergencies.

Emergency Contact Name:

Phone:

Physician's Name:

Phone:

TETANUS SHOT:

Special Considerations (Allergies including animals, attention problems, medications, fears, etc):

Please check the following:

___ I/We GRANT permission for a photo/image only that includes this registrant without other personal identifiers to be published to emails to participants in the class & advertisement without names.

Event:

Trails for Kids, Ventures in Nature
HOLD HARMLESS AND RELEASE OF LIABILITY AGREEMENT

I understand that as a result of the participation of _____, my child, in the activities sponsored by Trails for Kids, Ventures in Nature T4K,VIN (the activities are further identified in Exhibit A, #1), there are certain inherent risks of injury that exist regardless of T4K,VIN's exercise of due care commensurate with the nature of those activities. Having that understanding, I agree to hold harmless and indemnify Trails for Kids/Ventures in Nature, its officers, employees, representatives, estates and heirs, The County of Union, The Union County Commissioners, and the State of New Jersey from any and all claims for damages to property, personal injuries or death or for other liability arising from the participation of _____, my child, in the activities of Trails for Kids, Ventures in Nature.

I, for myself and on behalf of _____, my child, also release, waive and discharge, T4K,VIN all of its affiliated and related entities, and its officers, employees and representatives and their estates and/or heirs, THE COUNTY OF UNION, ITS BOARD OF CHOSEN FREEHOLDERS, OFFICERS, EMPLOYEES, AGENTS, SERVANTS, (*AND THE STATE OF NEW JERSEY) from any and all claims which we may have for damages to property, personal injuries or death as a result of the participation of _____, my child, in the activities sponsored by Trails for Kids, Ventures in Nature This releases and waives all claims which have happened and/or may happen as a result of the participation of _____, my child, in the activities of Trails for Kids, Ventures in Nature.

MEDICAL RELEASE: I recognize that participation in recreation programs may occasionally lead to injury. The most common injuries are abrasions, bruises, sprains, strains, bites, coronavirus and contact to poison plants. Less common injuries, but perhaps more serious, may occur. I hereby authorize emergency medical care for myself (or my child). If, in the judgment of the staff, treatment is required for an injury or illness, I hereby also authorize administering anesthetics and recourse to other procedures deemed necessary by an ER attending physician. In the case of my child, I understand that whenever possible I will be notified prior to medical treatment or at the earliest possible time should prior notice prove impossible. I am financially responsible for medical care or transportation expenses incurred.

Participants Name:

Participant Signature:

Date:

Parent/Guardian Name:

Signature:

Date: