

**CAMP AND EVENT RELEASE OF LIABILITY FORM
(MUST BE FILLED OUT BY EVERY PARTICIPANT)**



Fossil Rim's overnight camps, day camps, and other events are designed to provide an opportunity to learn about our conservation efforts. I acknowledge this event is an outdoor activity in which I participate at my own risk. I acknowledge that I will be walking and riding in vehicles on rough uneven terrain through wildlife inhabited wilderness. I agree to comply with all Earth Promise dba Fossil Rim Wildlife Center rules and regulations for all activities and understand that I am fully responsible for my actions. I release and forever discharge Fossil Rim, its employees, agents, members, sponsors, promoters, and affiliates from any and all liability claim, cost, or expense, and waive any such claims against any such person or organization, arising directly from any such activity in which I may participate during camps or other events. Further, I agree to participate in AMA approved mediation regarding any disputes arising from this activity. I currently have no physical or mental condition that would impair my capability for full participation as intended and expected of me (except for: _____).

Participant Signature _____ Date: _____

Camp/Event Parental Consent: Must be completed for all minors

Name of Minor Participant (Please Print): _____
Parent or Guardian of Minor (under age 18): I, as Parent or Guardian, of the above stated minor participant represent to Fossil Rim that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in this Fossil Rim camp or event. Further, in consideration granting such license, agree, individually and on behalf of my child or ward, to terms of the above Agreement and Release of Liability.

Signature: _____ Date: _____

Camp/Event Medical Form (please print)

Name: _____ Sex: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Daytime Phone #: _____ Evening Phone #: _____
Parent/Legal guardian: _____
Address (if different from above): _____
Day Phone #: _____ Evening Phone #: _____
Doctor: _____ Phone #: _____
Person to contact in case guardian cannot be reached: _____
Phone Number: _____ Relationship: _____
* **Pertinent medical history** (asthma, diabetes, allergies, etc.): _____

* **Special Diet Required** (including vegans, vegetarians, etc.): _____

* **Medication:** _____ How Often? _____

I, Parent or Guardian of _____ (minor) give Fossil Rim staff permission to administer first aid and/or transport said minor to nearest hospital or clinic for medical treatment.

Signature of Parent or Guardian _____ Date _____

** Parent or Guardian: Please fill out this sheet for every camp participant and return to your Group Leader.

** Group Leader: please collect forms for every participant and return to Fossil Rim staff the day of camp.

PHOTO RELEASE

By signing below, I hereby authorize Fossil Rim Wildlife Center to publish photos of myself and or my son/daughter or ward on the official Fossil Rim website and/or for our brochures and/or newsletters. The photos will be used to aid visitors to help them get a visual depiction of the Fossil Rim experience.

I stipulate by signing below that the photos not be identified in any way with personal information other than first names. (i.e., last name, address, phone number or any other identifying information)

The photos will not be used for any other purpose than the stated purpose above.

Not all photos will be used; only those deemed most advantageous for the purpose intended and that most accurately depict the subject matter.

Signature _____

Updated 2/07