



Friends of Rye Nature Center Parent/Guardian Waiver and Release of Liability

I am the parent or guardian of _____ (“My Child”) who intends to participate in programs, camps, workshops, special events, and/or parties (collectively “the Program”) operated by Friends of Rye Nature Center (“FRNC”). I hereby consent to the participation of My Child in the Program and release FRNC, its officers, directors, agents, and employees (the “Released Parties”) from and against, any and all claims, including injury to person, or for death, or from loss of, or damage to, property in any way connected to such participation. Further, I agree to indemnify and hold harmless each of the Released Parties, and all of them, from any liability they may incur as a result of My Child’s participation.

I fully understand and acknowledge that: 1) risks and dangers exist by virtue of the nature of the Program activities of hiking, climbing, outdoor games, and (if enrolled in Paddle Adventure Camp) kayaking. My Child’s participation in hiking, climbing, and outdoor game activities, and undertaking activities in natural forests including trees, unfenced water and rock formations, and (if applicable) walking to or from the Program, 2) such activities, My Child’s use of equipment related to, and/or participation in, such activities may result in illness or injury or death or damage to personal property, and 3) these risks and dangers may be increased and damage may occur due to actions of other participants, or by accidents, forces of nature or other causes. I understand that such risks may arise from foreseeable or unforeseeable causes and that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. I hereby knowingly and voluntarily accept and assume these risks and dangers and the risks of illness, injury or death or damage to personal property on my behalf and on behalf of My Child. I further acknowledge and agree that I have received, read, and understood the risks of the Program described in the Orientation Packet (if applicable) and knowingly consent to those risks.

In a medical emergency, I grant FRNC certified staff permission: 1) to treat My Child’s injuries within the scope of staff training, 2) to take My Child to a hospital via motorized vehicle or ambulance, and 3) to authorize examination and treatment of injuries, x-rays and any other necessary care for My Child. It is my intention that this release shall be interpreted as broadly and inclusively as permitted by law and that it shall be binding on My Child, my spouse, all members of my family, their heirs, executors, and assigns.

Parent Name: _____ Signature: _____ Date: _____

Please initial next to each section below:

Behavior Agreement: I understand that FRNC reserves the right to cancel this contract and My Child’s enrollment in the Program at any time if the staff finds that the Program is not suitable for My Child due to repeated conduct by My Child that the staff finds unacceptable and that any refund in such situation will be at FRNC’s discretion.

Initial: _____

Photographic Permission and Release: I hereby grant FRNC permission to copyright, publish, use and reproduce, in whole or part, alone or with others, any photograph, moving picture, videotape or recording taken or made of My Child, in any medium, for any purpose related to the Program, whether or not My Child is named or otherwise identified, and I agree to waive any right of inspection or approval.

I authorize photo permission. Initial: _____

I do not want my child to be photographed. Initial: _____



Birthday Party Participant Emergency Contact Information

PLEASE NOTE: This emergency contact form is good for birthday party participants from September 2023 — June 2024. All children age 3 and under must have a parent/guardian present for the entirety of the birthday party.

Participant's Name: _____ DOB: _____ Age: _____

Parent's Name _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Allergies/Special Needs: _____

Please choose an emergency contact in the event you cannot be reached.

Emergency Contact: _____ Phone: _____

I grant permission to the above-named child/participant to participate in birthday party activities at the Rye Nature Center. In a medical emergency, I grant Friends of Rye Nature Center permission to take my child to a hospital and authorize for examination and treatment of injuries, x-rays and any other necessary care.

Parent/Guardian Signature

Date

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