

Special Dietary Requirements or Restrictions:

Other Conditions or Circumstances: Describe any conditions or circumstances about the participant of which the Wilds needs to be aware.

Medical Authorization

If the participant is a minor, I authorize American Red Cross first aid/CPR certified personnel of the wilds to:
Dispense acetaminophen (Tylenol) to participant for headache, fever, minor pain? Yes No

Dispense diphenhydramine HCL (Benadryl) to participant for allergic reactions? Yes No

Provide first aid treatment and/or emergency medical treatment to participant? Yes No

Release of Liability

I acknowledge that certain hazards and dangers are inherent in outdoor activities and programs. I hereby release the Wilds, its officers and employees, from any claims for personal injury or property damage arising out of participation In the Overnight Field Experience.

I understand that an Injury sustained by participant while participating in the Overnight Field Experience will not be covered by Insurance provided by the Wilds

Promotional Consent

I consent to the use of any video or photographs taken of participant while participating In any program or activities at the Wilds for the promotion of the Wilds and its programs? Yes No

Participant or Parent/Guardian Name: _____

Signature: _____

Date: _____

Thanks for signing up
for our first
BIRDING BY EAR
WEEKEND WORKSHOP!