



# Norman Bird Sanctuary

School / Organization Name: \_\_\_\_\_

Program Date: \_\_\_\_\_

Attendee's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent/Guardian Name (If Participant is under 18): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

***In Case of Emergency, Please Contact:***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

***Medical Conditions:***

Allergies/Reactions: \_\_\_\_\_

Other Pertinent Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS AND LIABILITY WAIVER:**

In consideration of the services of the Norman Bird Sanctuary, its agents, owners, officers, employees, representatives, and all other entities associated with it, (hereafter collectively referred to as NBS), I agree as follows:

I, the undersigned, grant permission for my child to attend the NBS field trip program. I understand that participation in NBS programs involves activities in the outdoors and that these activities present a certain degree of risk and danger. NBS programs are group-based, take place in both indoor and outdoor settings, and involve a variety of physical activities.

I / my child agree(s) to comply with all safety instructions given and to be responsible for my/my child's own personal safety and well-being. I agree to hold NBS, its directors, officers, employees, agents, volunteers, and associates harmless for any accidents, injury, loss or damage to property, or death that may occur while participating in the NBS field trip.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Norman Bird Sanctuary occasionally uses photographs taken during programs for the purpose of promotion in publications, websites, and other media. Please check the box below if you do not allow your child's photograph, image, likeness, and/or voice as recorded on tape, film, or media to be used for such a purpose.

Refusal of photographic release