Wilderness Youth Project

WILDERNESS YOUTH PROJECT

5386 Hollister Ave, Suite D, Santa Barbara, CA 93111
PHONE: 805-964-8096 FAX: 805-456-3838
Spending time in nature makes children smarter, healthier, and happier.

Participant Application

Date _____

□ First time/new to WYP
□ School-Year
□ Summer

2015

PARTICIPANT INFORMATION

First Name	Last Name	Age

Sex	Date Of Birth	School Attending	Grade in 2015-2016
□ MALE □ FEMALE	/ /		

Medical Info (Please check only those that apply)

□ **No Medical Concerns**

Has your child been stung by a bee? □ Yes □ No Did he or she have an allergic reaction? □ Yes □ No

My child may be given patent-type medicines such as Tylenol, cough syrup, etc. (If checked NO, your child will not be given these) □ Yes □ No

Permission for medical professionals to administer medication for snake bites or severe allergic reactions? □ Yes □ No

□ Any physical, sensory, cognitive, or emotional disabilities (including ADD/ADHD, sensory processing, autistic spectrum, etc)?

□ Yes □ No Please Describe:

□ Asthma Requires medication/inhaler? □ Yes □ No

□ Activity Restrictions, Please Specify:

□ Allergies To what? □ Hives/Rash □ Difficulty Breathing □ Epi-pen □ Benadryl

□ Other conditions, medications, or special needs:

Ethnicity (for statistical use only) please check one

□ American Indian/Native American □ Asian/Pacific Islander/Asian American □ Biracial/Multiracial □ Black/African American

□ Latino/a/Hispanic American □ White/European American □ Decline to State □ Other _____

PARENT INFORMATION

First name	Last Name	Relation to participant

Mailing Address	City	Zip Code

Phone Number:	Email
□ Work Phone □ Home Phone □ Cell Phone	**Preferred Language** □ **English** □ **Spanish**

Does the participant live with you? □ Yes □ No

Participant's Address, if No: City Zip Code

Are you a single parent: □ YES □ NO

Parent 2 Name	Phone Number:
Preferred Language □ **English** □ **Spanish**	□ Work Phone □ Home Phone □ Cell Phone

Number of family members in the household:

Total ANNUAL household income: $

("decline to state" may only be written if you intend to pay the full program fee)

Emergency Contact Info (not a parent)

First name	Last Name	Relation to participant

Phone Number	**Preferred Language** □ English □ Spanish

Media Release (optional)

I _____ hereby authorize WYP to use my child's image/likeness/voice in still photos, video production, radio coverage and television for the purpose of promoting WYP and its programs.

Parent Signature X **Date**

Consent

I _____ certify that, to the best of my knowledge, the information contained in this application to be true and correct.

Parent Signature X **Date**

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I (We), the undersigned, parent(s) of _____ a minor, do hereby authorize Wilderness Youth Project, as agents of the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered during a Wilderness Youth Project outing by said health care provider at the outing location, the provider's office, a hospital, or other location. The authorization also applies to dental care under a duly licensed dentist. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the afore mentioned physician in the exercise of his/her best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. The undersigned also releases Wilderness Youth Project, and its agent, from all claims which may develop or accrue to me, or the minor for whom this authorization is intended to benefit, on account of, or reason by of, any injury, loss, or damage which may be suffered by me or the minor as a result of the exercise of this consent, and I hereby assume and accept the full risk and danger of any injury; hurt or damage that may occur as a result of the use of exercise of this consent. The authorization is given pursuant to the provision of Section 6910 of the Family Code of California and shall remain effective until revoked in writing and delivered to said agent(s).

Print Name: _____Parent/Guardian

Signature: _____ Date: _____

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Wilderness Youth Project, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "WYP"), I hereby agree to release, indemnify, and discharge WYP, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based activities such as bike tours, rock climbing, hiking, camping, backpacking, sea kayaking, sailing and fishing entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, WYP employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless WYP from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of WYP's equipment or facilities, including any such claims which allege negligent acts or omissions of WYP.

4. Should WYP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against WYP, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against WYP on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by WYP to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless WYP from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____