

MISSOULA OUTDOOR LEARNING ADVENTURES

Participant Information & Registration

Camper Name _____ Age _____ Birthdate _____ Gender _____

Address _____ City _____ Zip _____

Mother's Name _____ Home Phone _____ Work/Cell _____

Father's Name _____ Home Phone _____ Work/Cell _____

Email _____ Do you check it regularly? _____ Today's Date _____

If new, how did you find out about MOLA? _____

In case of emergency and parent(s) cannot be reached, please provide two alternative local contacts:

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Physician and/or Clinic _____

Please list any persons besides parents authorized to pick up &/or transport your child:

Name _____ Name _____

Is your child authorized to leave camp on his/her own at the end of the day? _____

Considering the nature of MOLA activities, please describe any physical, medical, or behavioral conditions or restrictions:

Each week, participants are divided into peer groups according to age and ability.

We will try to accommodate special requests regarding age, friends, siblings, etc.

Please indicate any preferences: _____

Please circle those weeks for which you would like to reserve a spot:

Jun.9 / Jun.16 / Jun.23 / Jun.30 / Jul.7 / Jul.14 / Jul.21 / Jul.28 / Aug.4 / Aug.11 / Aug.18 / Aug.25

Adventure Travel Trip July 20nd - July 26th West Coast and Olympic Peninsula (\$100 deposit)

4th of July Week June 30th - July 4th Parents are invited to join us for a day or for the week. Call for details!

Deposit of \$50/week required. Total Fee _____ Deposit _____

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Acknowledgment, Waiver of Liability, Authorization, and Agreement

NOTICE: This is a legally binding agreement. By signing this agreement you waive your right to bring court action to recover compensation or to obtain any other remedy for injury to your child or yourself or your property or for death to your child or yourself, however caused, arising out of participation in programs that Missoula Outdoor Learning Adventures (hereinafter referred to as MOLA) offers or is associated with in any way, now or at any time in the future.

I acknowledge that by participating in MOLA, my child and/or I will be exposed to significant and inherent risks and hazards associated with activities including, but not limited to, hiking, biking, climbing, bouldering, running, rafting, canoeing, swimming, wading, soaking in hot springs, jumping into water, swinging on ropes, foraging, exploring, cooking, camping, fishing, and various games. I recognize that known and inherent risks, including travel to and from activity sites, as well as unknown or unanticipated risks, are associated with these and other MOLA activities and could result in serious physical or emotional injury, paralysis, death, drowning, or damage to my child and/or myself and/or our property. I understand that it is not possible for MOLA to maintain direct visual contact with all participants at all times. I understand that it is not possible for MOLA to prevent adults, including other parents, and children from acting inappropriately while in our programs. I am fully aware of the nature and extent of the risks associated with these activities and conditions, or if not, I assume responsibility for educating myself about these risks. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities of MOLA.

In consideration of my child's and/or my own participation in MOLA, I, the undersigned parent/guardian of the participant, on behalf of myself, my spouse, my children, my relatives, my heirs, assigns, personal representatives and estate, do hereby release MOLA, its owner, agents, sponsors, officers, employees, subcontractors, interns, and volunteers from any action, claim, or demands of any nature whatsoever, including, but not limited to a claim of negligence, now or at any time in the future, on account of personal injury, property damage, death, or accident of any kind, arising out of or in any way related to my child's and/or my own participation in MOLA.

During the course of MOLA activities and classes, including travel, I authorize MOLA to take whatever actions may be necessary and/or appropriate under the circumstances of accident, injury, or sickness to protect the health and safety of my child and/or my self and/or other participants, including placement into the care of a trained medical professional or transportation and admission into a medical treatment facility.

I certify that I have insurance to cover injury or any damage caused or suffered by my child and/or myself and/or our property resulting from participation in MOLA activities, or else I agree to bear the costs of such injury and/or damage myself. I further certify that my child and/or myself have no medical, physical, or behavioral conditions which could interfere with our participation in MOLA, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such conditions. I understand that I am financially responsible for any medical treatment and/or emergency evacuation resulting from participation in MOLA activities.

I understand that participants are expected to come every day with a positive attitude, willing to try and ready to help, and are expected to behave appropriately and respectfully at all times. In the event of behavioral problems, I recognize that MOLA staff may ask for parental involvement, and MOLA reserves the right to ask participants to take time off camp or to leave altogether, without refund. I understand that MOLA staff take pictures which may be used in promotions or advertising.

I have had sufficient opportunity to read this entire document. I understand it and agree to be bound by its terms.

Participant _____ Date _____

Signature of Parent/Guardian _____ Print Name _____

Address _____ Phone _____