



2013 Student Registration

Student Information

Students Name _____

Home Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ / _____ / _____ Home Phone _____

Email Address _____

Parent Information

Parent/Guardian Name _____

Parents Cell Phone _____ Work Phone _____

Parents Email Address _____

Emergency Contact

Contact Name _____

Phone Number _____ Cell Phone _____

Work Phone _____ Relation to Student _____

Medical Info

Primary Physician _____ Phone _____

Medical Insurance _____ Policy # _____

Allergies _____

Medications _____

Release and Waiver of Liability:

In all classes, demonstrations, and excursions conducted by Lessons In Nature Education Inc. and all associates, volunteers or employees (hereafter L.I.N.E.), reasonable care is taken to prevent serious injuries and to minimize accidents. I am fully aware that wilderness skills including survival, tracking, and nature awareness training, even under the safest of conditions may be dangerous, and I do hereby agree to accept full liability and assume all risks for myself and any dependent children; including those caused by acts of God, injury, death, and/or loss to our person(s) and/or property. I(we) agree to obey the rules and regulations that L.I.N.E. puts into effect to minimize these risks. I(we) hereby knowingly, voluntarily, and irrevocably waive any and all claims in the past, present, or future related to injuries, death, or loss, including those caused by acts of God, received while participating in activities conducted by L.I.N.E., as a student, participant, spectator, and/or visitor; or in any other manner or form, taking part in the exercises, practices, excursions, and/or demonstrated wilderness skills including survival, tracking, and nature awareness training.

Property Release: In any class, seminar, trip, excursion or other activity conducted by L.I.N.E. I(we) certify that on entering private property parcels or land owned by any State or Federal Agencies, I have done so willingly of my own choice and will not hold the property owner or any persons, business, trusts or estates liable for any losses, injury, death or acts caused by God.

Ability Release: I(we) certify that I(we) am(are) physically able to participate in the said wilderness skills including survival, tracking, and nature awareness programming despite the rigors and dangers inherent in such an undertaking.

Medical Release: I authorize L.I.N.E., as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when the physician deems such treatment necessary and I cannot be contacted within a reasonable time or I am not otherwise able to give such consent. I authorize L.I.N.E. to give first aid, CPR or other treatment by a qualified staff member.

Acceptance: I certify that I(we) have read and become familiar with the contents of this release and that I(we) have read and understand all portions of this document. This document shall remain binding for not only me, but also my heirs, administrators, executors, successors and assigns.

My signature below indicates agreement to these terms and the desire/permission to participate in the activities conducted L.I.N.E.

Name _____ Date ____/____/2013 Signature_____

Students Name _____ Signature _____

This release and waiver of liability shall remain valid to the end of the year unless otherwise noted.

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