



# NATURE CONNECTIONS

EMPOWERING NATURE EDUCATION WITH [WWW.NATURECONNECTIONS.CA](http://WWW.NATURECONNECTIONS.CA)

## Participation Consent Form

Name of Child(ren): \_\_\_\_\_

Birthday(s): \_\_\_\_\_

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

Name of Parents/Guardians: \_\_\_\_\_

Outdoor/nature based activities include natural hazards and risks. These risks include but are not limited to: changing weather; outdoor environment and terrain; tool use (i.e. shovels, knives if provided by parent); behaviour and skills of facilitators or participants; illness or injury due to participant's own behaviour and decisions; etc. Please dress for the outdoors and be prepared for any weather.

"I understand the terms and conditions of the Program and am aware of the risks associated with the Program and all related activities. I have legal authority to act on the participant's behalf in signing this Agreement. I give permission for myself and/or my child to participate in these programs."

Name of Parent/Guardian (in print): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Medical Information

Medical Card(s): \_\_\_\_\_ Medications: \_\_\_\_\_

Please detail any medical issues that might affect participants' abilities to participate in activities or may affect first-aid treatment: (i.e. allergies, asthma, diabetes, previous injury, heart condition, medication)\*

"I hereby give permission to a representative of Nature Connections to provide basic first aid and/or arrange for any medical treatment required by myself or a child under my care, including calling 911 should an emergency occur." *\*Please include any additional information on back of this sheet.*

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

Emergency Contact (other than you): \_\_\_\_\_ Phone: \_\_\_\_\_

## Picture/Recording Consent (Optional)

We appreciate the ability to share the amazing things your children experience and accomplish! We never publish names with photos. "I agree to the use of photos, videos and/or audio, of myself or my family members, to promote events and programs of **Nature Connections** and their partners."

Parent signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Please tell us more about your child on back of page:** What activities do they love to do? Are there any special ways we can support your child? Is there anyone who SHOULD NOT interact with your child?