

# Nahant Marsh Summer Camp

(To be completed by parent or guardian. Please print clearly.)

Name of the Camp(s) Your Student is Registering for: \_\_\_\_\_

## **REGISTRATION INFORMATION**

Participant's Name (Child 1): \_\_\_\_\_ Grade: \_\_\_\_ Birthdate: \_\_\_\_\_  
Last, First (MM/DD/YYYY)

Participant's Name (Child 2): \_\_\_\_\_ Grade: \_\_\_\_ Birthdate: \_\_\_\_\_  
Last, First (MM/DD/YYYY)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street No., Apt No., City, ST, Zip)

Mother/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **MEDICAL EMERGENCY CONTACT INFORMATION**

### **Person to Contact in an Emergency:**

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

List any pertinent medical conditions or special requirements your child has that may affect camp activity:

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List any pertinent medications your child is taking that may affect camp activity:

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List any allergies your child may have to food, medications, environmental factors, animals, insects, etc.:

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Does your child have any other dietary restrictions? Yes \_\_\_\_ No \_\_\_\_ If yes, please list:

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Does your child have a disability that would need special accommodations: Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

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## **COVID-19 DISCLAIMER**

\_\_\_\_\_ I acknowledge that I will be sent a COVID-19 disclaimer form to complete prior to camp.

## Nahant Marsh Education Center Release of Liability Form

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**I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN ANY ACTIVITY OR EVENT**, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

- (A) **I WAIVE, RELEASE, AND DISCHARGE** from any and all liability, including, but not limited to, liability arising from the negligence, or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, **THE FOLLOWING ENTITIES OR PERSONS**: Nahant Marsh Education Center, Eastern Iowa Community Colleges and/or its directors, board, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;
- (B) **I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by negligence of release or otherwise.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of people including, but not limited to participants, volunteers, spectators, officials, event monitors, and/or producers of the event, and lack of hydration. The risks are not only inherent to the participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during activities or events.

I understand that at certain events and activities, I may be **photographed**. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be constructed broadly to provide release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, AND I FULLY UNDERSTAND THE CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature (if under 18 years old,  
parent or guardian must sign)

\_\_\_\_\_  
Date