

TRAILS FOR KIDS/VENTURES IN NATURE (Short form)
HOLD HARMLESS AND RELEASE OF LIABILITY AGREEMENT

SAME FAMILY PARTICIPANTS Names _____ Gender: ___ M ___ F Grade ____

PARTICIPANTS Names _____ Gender: ___ M ___ F Grade ____

PARTICIPANTS Names _____ Gender: ___ M ___ F Grade ____

PARTICIPANTS Names _____ Gender: ___ M ___ F Grade ____

PARENT/GUARDIAN

First _____ Last _____

E-Mail (required) _____

Birth Date (child) ___ / ___ / ___ Age (child) _____ School Name: _____

Address _____ Town: _____ Zip _____

Cell _____

____ I Grant permission for texts to be received on my cell phone as a form of class communication.

Emergency Contact Name: _____ Phone _____

Physician's Name _____ Phone _____

Preferred Hospital: _____

TETANUS SHOT: _____ DATE: _____

Special Considerations (Allergies including animals, attention problems, medications, fears, etc):

PHOTO/VIDEO RELEASE: Please check the following:

____ I/We GRANT permission for photos to be taken during class to add to a google photos account so I and class members could access photos with a designated link.

____ I/We GRANT permission for a photo/image only that includes this registrant without other personal identifiers to be published to emails to participants in the class & advertisement without names.

____ I/We DO NOT GRANT permission for this registrant's photo/image and name to be published or given to participants in emails.

Class Name: _____ Day _____ Time _____

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I understand that as a result of the participation of _____, my child, in the activities sponsored by Trails for Kids or Ventures in Nature (the activities are further identified in Exhibit A annexed), there are certain inherent risks of injury that exist regardless of Trails for kids or Venture in Nature's exercise of due care commensurate with the nature of those activities. Having that understanding, I agree to hold harmless and indemnify Trails for Kids, Ventures in Nature, its officers, employees, representatives, estates and heirs, The County of Union, Morris, Somerset or Essex. The Union, Morris, Somerset or Essex County Commissioners, and the State of New Jersey from any and all claims for damages to property, personal injuries or death or for other liability arising from the participation of _____, my child, in the activities of Trails for Kids or Ventures in Nature.

I, for myself and on behalf of _____, my child, also release, waive and discharge, Trails for Kids or Ventures in Nature, all of its affiliated and related entities, and its officers, employees and representatives and their estates and/or heirs, THE COUNTY THE PARKS RESIDE IN, ITS BOARD OF CHOSEN FREEHOLDERS, OFFICERS, EMPLOYEES, AGENTS, SERVANTS,(*AND THE STATE OF NEW JERSEY) from any and all claims which we may have for damages to property, personal injuries or death as a result of the participation of _____, my child, in the activities sponsored by Trails for Kids or Ventures in Nature This releases and waives all claims which have happened and/or may happen as a result of the participation of _____, my child, in the activities of Trails for kids or Ventures in Nature.

MEDICAL RELEASE: I recognize that participation in recreation programs may occasionally lead to injury. The most common injuries are abrasions, bruises, sprains, strains, bites, coronavirus and contact to poison plants. Less common injuries, but perhaps more serious, may occur. I hereby authorize emergency medical care for myself (or my child). If, in the judgment of the staff, treatment is required for an injury or illness, I hereby also authorize administering anesthetics and recourse to other procedures deemed necessary by an ER attending physician. In the case of my child, I understand that whenever possible I will be notified prior to medical treatment or at the earliest possible time should prior notice prove impossible. I am financially responsible for medical care or transportation expenses incurred.

Participants Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____