



Emergency Contact Information and Participation Waiver

Child's Name: _____

I (print your name), _____, am enrolling my child in the Montana Natural History Center's program(s). Classes and workshops may involve outdoor activities and the use of potentially harmful equipment. I voluntarily elect to assume all risks of loss, damage, or injury that may be sustained by my child or myself or any of my/my child's property in the course of participation in this program.

I hereby knowingly, freely, and voluntarily release, indemnify, and hold harmless the Montana Natural History Center and any of its agents from liability, claims, demands, or courses of action arising out of any loss to me or my child due to or related to participation in programs or the use of equipment supplied to my child or myself in connection with the programs.

 Parent or guardian signature

 Date

PRIMARY EMERGENCY CONTACT: _____ Relation to child: _____

Primary Contact's Phone: _____ Alternate phone(s): _____

ALTERNATE EMERGENCY CONTACT: _____ Relation to child: _____

Secondary Contact's Phone: _____ Alternate phone(s): _____

In case of a medical emergency, we will make every effort to contact the emergency contact persons listed above. However, do you give us permission to seek medical assistance, if necessary?

Yes ___ No ___

KNOWN ALLERGIES, MEDICAL CONDITIONS, BEHAVIORAL CONDITIONS, OR OTHER CONSIDERATIONS:

If possible, please also notify your child's camp/program leader of any special considerations.

For participants under age 18: May your child go on field trips? Yes ___ No ___

May we use photographs of your child in publicity materials? Yes ___ No ___

May we use your child's artwork for promotional use or display? Yes ___ No ___



Our mission is to promote and cultivate the appreciation, understanding, and stewardship of nature through education

