

**CAMP RELEASE OF LIABILITY FORM (MUST BE FILLED OUT BY EVERY CAMPER)**

Fossil Rim’s overnight and day camps are designed to provide an opportunity to learn about our conservation efforts. Because a major part of the camp experience will involve interacting with all aspects of nature, including animals, we ask that campers behave in a responsible and cooperative manner at all times. We are confident that each participant will have an educational and fulfilling experience; however, those who find it difficult to be kind and respectful will be asked to sit out.

I acknowledge that camp is an outdoor activity in which I participate at my own risk. I acknowledge that I will be walking and riding in vehicles on rough uneven terrain through wildlife inhabited wilderness. I agree to comply with all Earth Promise dba Fossil Rim Wildlife Center rules and regulations for all activities and understand that I am fully responsible for my actions. I release and forever discharge Fossil Rim, it’s employees, agents, members, sponsors, promoters, and affiliates from any and all liability claim, cost, or expense, and waive any such claims against any such person or organization, arising directly from any such activity in which I may participate during camp. Further, I agree to participate in AMA approved mediation regarding any disputes arising from this activity. I currently have no physical or mental condition that would impair my capability for full participation as intended and expected of me (except for: \_\_\_\_\_).

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Parental Consent: Must be completed for all minors**

Name of Minor Participant (Please Print): \_\_\_\_\_  
Parent or Guardian of Minor (under age 18): I, as Parent or Guardian, of the above stated minor participant represent to Fossil Rim that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in camp. Further, in consideration granting such license, agree, individually and on behalf of my child or ward, to terms of the above Agreement and Release of Liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Medical Form (please print)**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_  
Parent/Legal guardian: \_\_\_\_\_  
Address (if different from above): \_\_\_\_\_  
Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Person to contact in case guardian cannot be reached: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
**\* Pertinent medical history** (asthma, diabetes, allergies, etc.): \_\_\_\_\_

**\* Special Diet Required** (including vegans, vegetarians, etc.): \_\_\_\_\_

**\* Medication:** \_\_\_\_\_ How Often? \_\_\_\_\_

I, Parent or Guardian of \_\_\_\_\_ (minor) give Fossil Rim staff permission to administer first aid and/or transport said minor to nearest hospital or clinic for medical treatment.

\_\_\_\_\_  
Signature of Parent of Guardian Date

\*\* Parent or Guardian: Please fill out this sheet for every camp participant and return to your Group Leader.  
\*\* Group Leader: please collect forms for every participant and return to Fossil Rim staff the day of camp.