



MONTANA NATURAL RESOURCES YOUTH CAMP

Thank you for your interest in the Montana Natural Resources Youth Camp, **July 12-17, 2020**.

Enclosed you will find a full application which should be completed and returned no later than **June 15th** with a \$150.00 deposit to:

**Montana Natural Resources Youth Camp
c/o Christina Oppegard
W.A. Franke College of Forestry & Conservation
32 Campus Drive
Missoula, MT 59812-0606**

Phone: 406-243-2773 • Fax: 406-243-4715 • Email: christina.oppegard@mso.umt.edu

Please take time to read the application fully and accurately, fill it out, and get all of the parent or guardian signatures required. ***The fee for the entire 6 days of camp is \$300.*** Also please understand that each camper will be required to provide proof of their own health insurance. The application should be sent back as soon as possible since our capacity is limited to 30 campers. Qualified campers are accepted based upon when the applications are received. The camp can fill up early, so don't delay.

Two optional programs are available only for 2nd and 3rd year return campers. An overnight backpacking trip several miles into the Seeley Swan is offered only to return campers. This adventure takes place immediately after camp ends on Friday at 3:00 PM and returns the next day Saturday at 1:00 PM. Since we can only take 10 campers this opportunity is only available to the first 10 applicants. The Conservation Leadership School offers several advanced classes during the week and is only available to 3rd year return campers.

The camp instructors are all professional volunteers from the public and private sectors of natural resource management who offer campers a unique opportunity to see real world applications of land management.

If you have any questions about the camp feel free to call me at (406) 243-2773, or you can reach me via email at: christina.oppegard@mso.umt.edu

Sincerely Yours,
Christina Oppegard
Camp Director

MONTANA NATURAL RESOURCES YOUTH CAMP APPLICATION

NAME _____ Home Phone _____ Cell Phone _____

ADDRESS: _____ (Street) _____ (City) _____ (State) _____ (ZIP)

MAILING ADDRESS IF DIFFERENT: _____

BIRTH DATE: _____ AGE (at time of camp) _____ MALE ☐ FEMALE ☐ (mm/day/year)

T-SHIRT SIZE (adult sizes): XS ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐

E-MAIL: _____ Parents/Guardians E-MAIL: _____

- ☐ I am a return camper
☐ I want to participate in the overnight backpack trip Friday-Saturday (see page 4 for details).
☐ I want to participate in the optional Conservation Leadership School (see page 4 for details).

Natural Resources Background

What natural resources experiences have you had? (Camping, farming, fishing, hiking, etc.) _____

What natural resources activities are most interesting to you? (check all those that apply)

- Forestry ☐ Range ☐ Wildlife ☐ Soils ☐ Geology ☐ Stream Management ☐ Ranch Management ☐
River Rafting ☐ Hiking ☐ Other ☐ _____

What new activity would you like to learn about while at camp? _____

How did you find out about this camp? _____

Camper Responsibilities

If I am permitted to attend the Montana Natural Resources Youth Camp, I agree to cooperate fully with the camp director, instructors, and camp staff. I will take advantage of all reasonable opportunities afforded me to promote the conservation of natural resources in my own community, after I return home. I have read and accept the camp rules. I understand that violation of these rules is grounds for dismissal.

Please check the following box to acknowledge your understanding of your responsibilities as a camper. ☐

CAMP REGISTRATION FEE: (Make checks payable to MNRYC)

Enclose a \$150.00 deposit, which covers only part of the cost of lodging, meals, camp activities, and educational materials for the camp period. Full fee for the Core Program is \$300.00. If you are a return camper and would like to participate in the Overnight Backpacking Trip or Conservation Leadership School (CLS), the full fee is \$350.00. Please write the name of the camper on the memo line of your check.

Sponsorships are available in your local community (such as conservation district or other organizations and agencies), see page 3. If local sponsorship is not available please contact us at (406) 243-2773, or email christina.oppegard@mso.umt.edu so we may assist you in finding a sponsor.

Cancelations made prior to July 14th (first day of camp) will receive a full refund, upon an emailed notification to the director stating the reason for canceling and needs to be approved. No shows will forfeit their camp fees already paid.

Montana Natural Resources Youth Camp Sponsorships

The camp fee of \$300 (\$50 extra each for Conservation school and/or backpacking trip) is required for each camp participant. Although campers are welcome to pay for the entire fee on their own, they may also seek sponsorships from a variety of agencies and organizations. A sponsorship usually consists of a \$100 stipend awarded to a camper and mailed directly to the Camp Director. Stipend amounts may vary by organization, area, and year and have traditionally ranged from \$25 to \$300. Past sponsors have been:

- Conservation Districts
- Stimpson Lumber Company
- Woman in Timber
- The Rocky Mountain Elk Foundation
- The Montana Tree Farm System
- The Montana Society of American Foresters
- Local Community Organizations
- Local wood products industry (sawmills, post and pole producers, lumber yards)
- USDA Forest Service employee organizations (Check with your local National Forest District)
- Local businesses such as hardware stores or implement dealers.

A letter of support and legitimacy for a sponsorship may be obtained from the Camp Director.

The \$300 fee covers approximately 25% of the cost per student. The balance is covered by larger grants from a variety of agencies and non-government organizations and industries that are obtained by the MNRYC board of directors on an annual basis.

Name of Sponsor, if any _____

(It is highly recommended that campers give a formal report to their sponsor after returning from camp.)

Letter of Recommendation

(Required for all new and return campers)

Please obtain a recommendation letter from one of the following: 4-H leader, teacher, county extension agent, Soil Conservation District employee, forester or other natural resources professional. Letter of recommendation needs to include the applicant emotional maturity, why would this camp be good for the applicant, clubs or organization they participate in, ability to interact in a positive manner in an unfamiliar setting for a week with peers and instructors.

Letters must be typed with contact information of the person who is recommending the potential camper. Letter of recommendation can accompany application or emailed separately. If emailed separately from application please notify camp director, Christina Opegard at 406-243-2773 or christina.oppegard@mso.umt.edu

Second and Third Year Programs

Conservation Leadership School

The Conservation Leadership School offers two advanced field trip classes for **3rd year return campers**. Participants typically visit an active timber harvesting site, and a restoration project that had to balance multiple objectives for the best use of a resource. Students are asked to use problem solving skills to provide recommendations and/or questions to help improve the project for balancing the objectives of the landowner and meeting the overarching conservation goals for Montana Natural Resources.

An additional fee of \$50 applies to help cover travel expenses, for a full fee of \$350.

10 spaces are available. To be considered, please write a brief statement about why you want to attend the conservation leadership school. The statement needs to accompany the application and no letters after the **June 15th** deadline will be accepted.

Overnight backpacking trip

The overnight backpacking trip is offered to all return campers based on a first 10 applications basis. We will create a reserve list when applicable. This opportunity extends camp an extra day, starting at 3:00PM on Friday when the regular camp ends and returning backpackers to camp the following day at 1:00 PM. This opportunity is limited to only 10 campers per use restrictions of backcountry sites on national forest lands. Destinations may vary from year to year based upon conditions but typically require a 1-3 mile hike to an alpine lake where campers will spend the night. Backpacks and sleeping bags can be provided, though if campers possess their own they are encouraged to bring them. Sturdy hiking shoes are required (running shoes do not qualify!) that offer good stable foot protection and traction. If new shoes are used campers are highly recommended to have worn them for at least 5 miles prior to backpacking (putting them on wet and walking them dry is a good way to break them in). This will prevent chances of blisters or foot abrasions as hiking up and down trails with weight is different than just walking. Objectives for this trip are to have fun, experience an out-of-the-way place, learn the basics about packing for a trip (meals, drinking water, clothing, safety), and setting up a comfortable and functional camp with minimum impact to nature. Often there are trout in the lake so campers may want to bring their fishing rods (only rods that can be taken apart to 4 feet or smaller - fly or spincast). Catch and release fishing will be allowed. Swimming (water is typically quite cold) is also possible. A minimum of 2 adults (though typically 4) will accompany campers. Food is supplied.

An additional fee of \$50 applies to help cover travel, permits, equipment sanitation and food.

10 spaces are available. To be considered, please write a letter about why you want to go on the backpacking trip. The letter needs to accompany the application and no letters after the **June 15th** deadline will be accepted.

Pickup for backpackers will be Saturday at 1:00 PM at the Lubrecht Castle Center.

TRAVEL FORM
(To Be Completed by Parent/Guardian)

ARRIVAL:

My son/daughter will be arriving by: car bus airplane other

*If your son or daughter is traveling by bus or airplane, we will have someone meet them at the airport or bus terminal **if we have their schedule**. Please confirm with Christina Oppegard at 406-243-2773 or by email at least 10 days prior to camp.*

If arriving by car who will be the driver of the car? _____

If your son/daughter is driving a vehicle to camp they will be required to give the ignition keys to the camp Director and will not be able to use the vehicle for the duration of the camp unless there is an emergency.

If arriving by either bus or airplane to Missoula, please list the company or airline _____

Flight or bus number _____

Date and arrival time in Missoula _____

DEPARTURE:

My son/daughter will be leaving by: car bus airplane other

If leaving by car, who will be the driver of the car? _____

If leaving by either bus or airplane from Missoula, please list the company or airline _____

Flight or bus number _____

Date and departure time from Missoula _____

I understand, that these instructions will be followed in getting my son or daughter to and from camp, and understand that I am certifying the accuracy of the travel information provided. Unless, I inform the camp director of our permission for any change, our campers will be expected to follow the instructions above.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Please indicate here, if you consent that we can share your contact information with other parents for possible car-pooling to and from camp.

- Yes, please share my contact information for possible car-pooling.
 No, do not share my contact information.

CAMP RULES

The organizers of the Montana Natural Resources Youth Camp and the staff of Lubrecht Experimental Forest want your week to be filled with exciting experiences, new friendships and fun. To help make this happen, they expect each camper to be considerate of others, participate fully in the camp program and observe the following rules.

The camp rules are intended to assist in providing for the health, safety and social well-being of everyone attending camp. If a situation or question arises which is not clearly covered by this list, ask the Camp Director **before acting**.

- *If necessary to drive your personal car to camp, you will be required to give the ignition keys to the Camp Director and will not be able to use the vehicle for the duration of the camp.*
- *Obtain the Camp Director's permission before leaving camp for any purpose.*
- *Respect the camp facilities and natural surroundings — do not deface or destroy them in any way. Deposit your litter in the containers provided.*
- *Respect others' privacy. Boys are not permitted in girls' cabins, nor are girls permitted in boy's cabins.*
- *ALCOHOL, DRUGS, GUNS, TOBACCO, AND FIREWORKS ARE PROHIBITED. We reserve the right to search personal belongings for prohibited items.*
- *Cabin lights out is at 11:00pm and morning roll call is at 7:00am.*
- *Swim or engage in water sports only when a member of the camp staff is present. Wear life jackets when rafting or canoeing. Fish only if you have a valid Montana Fishing License.*
- *Violation of any of these rules is grounds for dismissal of individuals or groups and forfeiture of camp fees. Parents will be promptly notified along with the person recommending the camper. Individuals so dismissed must call their parent or guardian and arrange transportation home at their own cost.*
- *It is not possible to anticipate every possible situation that might come up. In the absence of a rule regarding a specific activity or situation — **CONSULT A CAMP COUNSELOR.***

CODE OF CONDUCT AGREEMENT

I acknowledge that I understand the basic rules for participation in the Montana Natural Resources Youth Camp and agree to and comply with:

- *** Participate fully in the program.
- *** Be responsible for my own behavior and uphold exemplary standards for the group.
- *** Abide by the basic rules for living at the camp.
- *** Leave the camp facility in as good or better condition than I found it.
- *** Support and abide by the camp staff's leadership.
- *** Refrain from possessing or using tobacco, alcoholic beverages, illegal drugs, or fire-works.

Please check the following box to acknowledge your understanding of your responsibilities as a camper.

MONTANA NATURAL RESOURCES YOUTH CAMP

QuickFacts

WHERE: At Lubrecht Experimental Forest, approximately 30 miles east of Missoula, on Highway 200.

WHEN: **Campers should arrive between 3:00 p.m. and 4:00 p.m. on Sunday.** They should be registered and settled into their cabins prior to 4:30 p.m. They should be on time in attending the camp orientation session at 4:30 p.m. The first meal will be at 5:30 p.m. on Sunday.

Campers are to be picked up at **3:00pm** on Friday, after the slide show. **Parents are encouraged to attend the slide show presentation at 2:30pm, which is the capstone of our week at camp.** Overnight camping trip for selected return campers will leave at **3:00pm** and will return on Saturday at **1:00pm**.

WHAT TO BRING TO CAMP: Bring your own bedding and other personal articles. Comfortable outdoor clothing and toilet articles, including towels, are necessary. Swimsuit, camera, flashlight, rain gear, warm clothing and shoes suitable for hiking are desirable. There will be some activities in the water so wading shoes may be in order. Mornings are often cold at Lubrecht, even during the summer so please bring some warm clothes. If you bring a car you will be requested to leave it parked during the camp and to turn in the keys to the camp director.

List of materials needed for camp (check list)

- | | | |
|--|---|--|
| <input type="checkbox"/> Sleeping bag or bedding | <input type="checkbox"/> Shoes suitable for wading | <input type="checkbox"/> Water bottle or mug |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Cap or hat | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Bed sheet (twin size) | <input type="checkbox"/> Warm jacket (nights are cool) | <input type="checkbox"/> Insect repellent |
| <input type="checkbox"/> Towels, soap, shampoo | <input type="checkbox"/> Rain gear | <input type="checkbox"/> Flashlight |
| <input type="checkbox"/> Toothpaste etc. | <input type="checkbox"/> Swimsuit | <input type="checkbox"/> Alarm clock |
| <input type="checkbox"/> Hiking boots | <input type="checkbox"/> Eyeglass strap (if you wear glasses) | <input type="checkbox"/> Small backpack |
| <input type="checkbox"/> Extra shoes | | <input type="checkbox"/> Change of clothes for 5 days |
| | | <input type="checkbox"/> Personal Medication, (if any) |

Optional Equipment

- Camera
- Compass
- Musical instruments
- Hand lens
- Binoculars
- Baseball glove
- Extra Blanket (nights can be cold)

Live music is encouraged and welcome at campfires and free time.

ALCOHOL, DRUGS, GUNS, TOBACCO, AND FIREWORKS ARE PROHIBITED
We reserve the right to search personal belongings for prohibited items.

KEEP THIS FORM — BRING IT TO CAMP WITH YOU

CAMPER'S MEDICAL FORM

The MNRYC will have an **on-site First Aid station** for this year's Montana Natural Resources Youth Camp and will have arranged to have basic supplies available in the event of an accident or illness. We can assure you that your child's safety will be of utmost importance throughout the camp and that we anticipate a safe and fun experience for everyone involved.

We require basic medical information for each camper. Please make sure your child has enough of their medications to last the wholecamp. Please complete the forms below.

Participant's Name _____ **Date of Birth** _____ **Age** _____

Emergency Contact #1 Name: _____ **Relation:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **Work Phone:** _____

Emergency Contact #2 Name: _____ **Relation:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **Work Phone:** _____

Primary Care Physician: _____ **Phone:** _____

Medical Insurance Coverage _____ **Policy #** _____

Known Medical Conditions (e.g., diabetes, asthma, developmental disabilities, communicable diseases, etc.)

Medication	Reason taking	Dose	Doses per day	Time of dose(s)	Prescribing doctor	Noted side effects

CAMPER'S MEDICAL FORM (continued)

1. Do you have any physical complaints or chronic illness at this time? Yes No
If so, what? _____

2. Are you under the care of a doctor? Yes No
If so, for what? _____

Do you have or have you had? None Diabetes Asthma Heart problems Seizures Depression
Diagnosed with a Mental Disorder

If you have any of these conditions, please explain _____

3. Do you have any allergies and/or reactions to allergens, food, medications, or pollen? Yes No
If yes, explain: _____

4. Do you have any other allergies? Yes No If yes, explain: _____

5. Special dietary needs? Yes No Explain: _____

6. Do you wear MedicAlert tags? Yes No Where? _____

7. Date of last Tetanus shot: _____

8. I give my child permission if needed (under supervision of the camp First Aid person) to take simple medications such as Tylenol, Advil, Ibuprofen, antacids, antihistamines, cough syrup, cough drops, etc. (as per label instructions). Yes No Special conditions _____
If your child regularly takes any of these please have them bring their own.

I am of the opinion that the above named camper can safely participate in this event and that he or she has no contagious or communicable disease.

His or her health is Poor Fair Good

I hereby give my consent for (campers' name) _____ to attend this event. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure proper treatment (including emergency surgery) for my child. In case of minor emergency, I hereby give permission for the camp First Aid person to administer first aid.

Date

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Parent/Guardian Acknowledgement, Release and Power to Authorize Medical Treatment

I hereby grant _____ permission to attend the Montana Natural Resources Youth Camp.

I understand that each camper is required to be covered by health or accident insurance that is provided by their family or guardians. The Montana Natural Resources Youth Camp does not provide health or accident insurance coverage.

I have read the Camp Rules and understand that violation of them is grounds for dismissal of my son or daughter and forfeiture of fees, and that the return home in the case of dismissal will be at my expense.

WHEREFORE, pursuant to the consent that I have granted above for the minor child’s participation in the Montana Natural Resources Youth Camp, my agreement to provide health or accident insurance for the minor child, and my understanding of the Camp Rules, I hereby make the following acknowledgments or releases:

1. I acknowledge that there is an inherent risk in the activities in which my child will engage during Montana Natural Resources Youth Camp. Those risks include, but are not limited to: dangerous natural conditions such as dangerous plants or insects; weather which could lead to dehydration, heat stroke, hypothermia or death; expected or unexpected encounters with wildlife which could lead to injury or death; dangerous natural conditions of rivers or streams which could cause injury or death or water temperatures which could lead to hypothermia and drowning; campfires; indoor and outdoor camp settings which may not have adequate lighting at night; hiking trails which may contain obstacles or uneven terrain; whitewater rafting on rapids which could cause occupants to suffer injury or death; ropes course and climbing wall the use of which could lead to participant suffering injury or death; exposure to water that could lead to accidental drowning; and damage to my child’s person or property. I agree to assume all risk associated with my minor child’s participation in the Camp.
2. I hereby waive any right to any claim against the Montana Natural Resources Youth Camp or any of its employees or agents for any injury, loss, damage, accident, delay or expense result from any act or omission of any carrier, government, private legal entity, or third person. I also assume sole responsibility for and agree to indemnify the Montana Natural Resources Youth Camp against any loss due to any financial obligation or liabilities that I may personally incur, or any damages or injury to persons or property that I or my minor child may cause during his or her participation in the course.
3. I further release the Montana Natural Resources Youth Camp from any claims arising from the aggravation of any physical disability or illness not disclosed to Montana Natural Resources Youth Camp and grant the employees and agents of the Montana Natural Resources Youth Camp full authority to take whatever actions they may consider to be warranted under the circumstances regarding my minor child’s health and safety, and, at their discretion, to place him or her in any hospital or in the hands of any local doctor for medical treatment at my own expense, or to transport my minor child by any means of conveyance required at my own expense for medical treatment or in the event of my demise.
4. I certify that my minor child is in good health and to my knowledge does not have any physical problems which would hamper his or her participation in said activities.
5. I certify that I have explained to my minor child that there are inherent risks involved in his or her participating in Montana Natural Resources Youth Camp which could lead to injury or death.
6. I certify that the information that I and my minor child have provided on the Camp application and all related forms and releases is accurate.

WHEREFORE, I have subscribed this document on this the _____ day of _____, 20_____.

Parent Signature

Parent Name (please print)

Witness to Signature

Witness Name (please print)

Acknowledgement of Participant

I have read the acknowledgement of risks set forth in Paragraph 1 above, and am aware that my participation in Montana Natural Resources Youth Camp involves inherent risk which may lead to injury or death. I understand that I am assuming that risk by participating.

Participant Signature

Participant Name (please print)

Photo Release

Parental Permission for Minors (under 18 years old)

Every year, the Montana Natural Resources Youth Camp (MNRYC) develops a camp video. The video is posted to the MNRYC Youtube account and Facebook. During educational activities associated with the camp, campers and other participants may be photographed or filmed. This form grants permission to use images of campers for the camp video and other educational and promotional purposes that support the mission of the MNRYC.

I, (please print) _____, give the MNRYC permission to record still and motion images of the minor named below. I understand that these images will be in the public domain, i.e., the rights belong to the community at large, are unprotected by copyright or patent, and are subject to appropriation by anyone worldwide. I understand that the MNRYC may store these images for use in any medium in perpetuity.

Signing this form is neither mandatory nor necessary for camp participation. Without this permission, images of campers will not be featured in the camp video or other promotional material.

Minor's Name (please print) _____

Parent/Guardian's Name (please print) _____

Parent/Guardian's Signature _____ Date _____

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of **Montana River Guides**, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MRG"), I hereby agree to release, indemnify and discharge MRG, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that **whitewater river rafting, canoeing, river boarding, kayaking, and/or river rescue classes** entail known and unanticipated risks, that could result in serious physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

These risks include, among other things: whitewater rapids will be encountered; your boat could turn over and/or you could have to swim rapids risking collision with rocks and entanglement in trees; head injuries can occur; you can slip or fall during a hike, resulting in damage to equipment or personal injury; exposure to the natural elements can be uncomfortable and/or harmful; you should be aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke and heat cramps; also prolonged exposure to cold water can result in hypothermia; exposure to potentially dangerous wildlife, insects, plants; and accidental drowning is also a possibility.

Furthermore, MRG employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of all the risks.

3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless MRG from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or use of MRG's equipment or facilities, including any such claims which allege negligent acts or omissions of MRG.

4. Should MRG or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MRG on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ E-Mail _____ Date _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by MRG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MRG from any and all claims which are brought by, or on behalf of Minor, and are in any way connected with such use or participation by Minor.

Signature of Parent/Guardian _____ Print name: _____ Date: _____

Montana River Guides reserves the right to use any photographic or film records of this activity for promotion and/or commercial purposes.

City of Missoula Parks and Recreation Program
HEALTH HISTORY FORM

What Program(s) Attending _____

First _____ Last _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL _____ PHONE _____

Date Of Birth _____ AGE _____ M _____ F _____

IN CASE OF EMERGENCY, PLEASE CONTACT

Name _____ Phone _____

CHECK ALL THAT APPLY AND INCLUDE SPECIFICS OF PERTINENT MEDICAL HISTORY

Known Allergies _____

Past Injuries/Illnesses/Seizures/Surgery & Dates: _____

Current Medications _____
(Parks and Recreation Employees are generally unable to administer medications)

Behavioral Concerns/Mental Illness _____

Glasses and/or contact lenses _____ Hearing Aids/Cochlear Implants _____

Other _____

Doctor's Name _____ Phone _____

Insurance Policy and Number _____

IF PARTICIPANT IS UNDER THE AGE OF 18 PLEASE FILL OUT THE SHADED BOX BELOW:

SWIMMING ABILITY: Beginner Intermediate Advanced
Any additional information about swimming ability _____

AUTHORIZED PICK UP
For the protection of your child, children, or those in your care, staff MAY ask for a picture ID upon pick up. We will not release participant to any other person NOT listed. Person picking up must be 18 or older unless person is specified by the child's legal guardian.

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

ANY OTHER INFORMATION ABOUT YOUR CHILD YOU THINK WE SHOULD KNOW?

**City of Missoula Parks and Recreation Program
PERSONAL RELEASE AND ASSUMPTION OF RISK**

ASSUMPTION OF RISK I am aware and understand that programs offered by Missoula Parks and Recreation are potentially dangerous activities with the potential for death, serious injury, and property loss. These risks include but are not limited to, hazards of injury to my person or property while engaged in programs offered by Missoula Parks and Recreation. I HEREBY ASSUME ALL RISKS OF PARTICIPATING IN MISSOULA'S PARKS AND RECREATION PROGRAMS. I certify that I am physically fit, have trained sufficiently for participation in this activity, and have not been advised otherwise by a qualified medical person. I am aware and understand the risks of personal injury, accidents, and/or illness, include, but are not limited to sprains, strains, torn muscles, and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, and/or oxygen shortage; head, neck, and spinal injuries; shock; paralysis or death; and serious injury or impairment to other aspects of my body and general health and well being.

PERMISSION TO RECEIVE FRIST AID & SECURE MEDICAL HELP I give permission for the City of Missoula personnel assigned to my activity to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that the City of Missoula does **NOT** provide any medical insurance coverage for me while participating in City of Missoula programs. I also realize that I may be attended by City of Missoula personnel assigned to my activity until medical care is available.

PERSONAL RELEASE I, do hereby for myself, my heirs, executors, administrators, successors, and assigns, release, indemnify, acquit, and forever discharge the City of Missoula, its employees, elected officials, and insurers from any and every claim, demand, right, or cause of action, property damage, personal injury, costs, loss of service, expenses of any kind, and any compensation whatsoever, which I may ever assert by reason of my or my child's presence and/or participation in THE CITY OF MISSOULA PARKS AND RECREATION DEPARTMENT PROGRAMS, including any claims which might arise from natural, environmental, or weather conditions, and from the nature or condition or manufacture of any structures or appurtenances on the premises, and further including any and all claims which might arise from any use of any equipment which might be attached to or near any structures or appurtenances on the premises, or used in conjunction with the CITY OF MISSOULA PARKS AND RECREATION DEPARTMENT PROGRAM instruction, and all claims which might arise out of the acts or omissions of other persons on the premises, whether directly connected with THE CITY OF MISSOULA PARKS DEPARTMENT PROGRAMS or not.

TRANSPORATION CITY OF MISSOULA PARKS AND RECREATION DEPARTMENT staff may drive myself or my child to and from locations included in the program associated with this waiver in City vehicles.

MEDIA AND PROMOTIONAL I hereby authorize the City of Missoula to use my likeness or picture, or that of my child, in photograph/video or social media for advertising or promotion of the Parks and Recreation Programs _____ I **DO NOT** want my or my child's image used for publicity purposes.

I hereby acknowledge that this release is voluntarily given with full knowledge of the meaning and consequences of this release. I have read the above RELEASE & ASSUMPTION OF RISK AGREEMENT and fully understand its purpose. **I FURTHER UNDERSTAND BY SIGNING THIS DOCUMENT I MAY BE WAIVING MY LEGAL RIGHT TO A JURY TRIAL TO HOLD THE PROVIDER LEGALLY RESPONSIBLE FOR ANY INJURIES OR DAMAGES YOU MAY SUFFER DUE TO THE PROVIDER'S ORDINARY NEGLIGENCE THAT ARE THE RESULT OF THE PROVIDER'S FAILURE TO EXERCISE REASONABLE CARE".**

I willingly sign below and represent that I am 18 years of age or older and otherwise competent to execute this document, or that my legal guardian is also signing this document.

PRINTED NAME _____

*SIGNATURE _____ Date _____

*Parent or Legal Guardian if under 18 years of age