

## Junior Nature Camp 2025 Camper Packet

The Junior Nature Camp staff is looking forward to Junior Nature Camp at Camp Giscowheco this summer! Please review this packet carefully. It contains important information to ensure a safe and enriching experience for your child. If you have any questions, please call 304-242-6855 or email [rcore@oionline.com](mailto:rcore@oionline.com).

**No camper will be admitted to camp without the following signed forms. Forms MUST be completed and returned to the Schrader Center no later than June 30, 2025. This allows the staff to review these documents prior to camp.**

- ☐ Camper Information Form (*pages 3 & 4 of this packet*)
- ☐ Health Forms – Medical History, Physical Exam, & Medical Control (*pages 5, 6 & 7 of this packet*)
- ☐ Oglebay Institute Waiver of Liability Form (*page 8 of this packet*)
- ☐ Photograph & Publicity Release Form (*page 9 of this packet*)
- ☐ Hazlebakker liability form, for week 1 campers only (*page 11 of this packet*)

### Return completed camp forms to:

- Oglebay Institute, Attn. Junior Nature Camp, 1330 National Road, Wheeling, WV 26003
- Or [rcore@oionline.com](mailto:rcore@oionline.com)

### CHECK-IN / PICK UP

- Week one check-in is Sunday, July 13, from 2-5 pm; pick-up is Saturday, July 19, at 10am.
- Week two check-in is Sunday, July 20, from 2-5 pm; pick-up is Saturday, July 26, at 10am.
- Local campers and CITs staying for both weeks must be picked up July 19 and dropped back off July 20; there may be exceptions for out of town campers – call 304-242-6855 for more information.
- Depending upon availability, week one campers not registered for week two who wish to stay must register and pay via the Schrader Center. No payments will be accepted at camp.
- Should it become necessary for your camper to leave camp early, please notify the Camp Director in writing. If this is not possible, parent/guardian must report to the Camp Director before taking your camper from camp. If your camper will be arriving late to camp, please report to the Camp Director upon arrival. Campers are not permitted to leave camp on their own to attend outside activities.

### HEALTH INFORMATION

- It is mandatory that we have the health form, a physician's examination and signature, health insurance information, and a parent/guardian signature on file. If there is an accident, we must provide medical personnel with accurate information on allergies, medications, past history, etc.
- **No campers will be admitted into camp without a completed health form and appropriate signatures.**
- Oglebay Institute is a nonprofit organization and is not able to provide medical insurance for campers. Campers must have medical insurance to attend camp.

### MEDICATIONS

- Please note any medications on the Camp Health form.
- **Please put medications in separate containers labeled with specific instructions.** Attach a note to the health form indicating administrative procedures for medications. Indicate any medications that require refrigeration.
- For any special concerns in regards to medications or health, please talk with the Camp Nurse during check-in.
- Any homeopathic remedies (*including CBD products*) must be checked in with the Camp Nurse, accompanied by a doctor's note.

### **SPECIAL EVENTS AT CAMP**

- **Outdoor Adventure Trip** – On Thursday, July 17, staff and campers will participate in a river canoe trip.
- **Banquet Night** – On Friday, July 25, a catered camp banquet will be held. Campers may wish to dress up a bit for this end-of-camp tradition.

### **ITEMS NOT PERMITTED AT CAMP**

- **Cell phones!** We take this very seriously and ask parents to assist us. We agree to tell you if your child is experiencing a challenge in their adjustment to camp. You can help by talking with your child before they leave for camp and telling them that there is always someone they can reach out to, whether it be their counselor, senior staff member, Director or Camp Nurse. Director will take cell phones if one is found.
- **Food, snacks and drinks.** Food and drinks are not permitted in tents or cabins. Food smells attract unwanted animals into tent/cabin areas, which may create an unsafe situation. Meals and snacks from the camp kitchen are ample and nutritious. Snacks are served each night and fresh fruits are available throughout the day. If your camper has a medical need to bring food items, you must list these items on the health form. They will be stored in the dining hall with the Camp Nurse.
- **Tobacco, drugs, alcohol, weapons of any kind, and fireworks.** If camp staff has any reason to suspect that a camper has brought these items to camp, the Director reserves the right to search the camper's belongings. Any illicit item(s) will be confiscated and turned over to the camper's guardian, and the camper will not be permitted to stay at camp.

### **ADDITIONAL INFORMATION**

Camp attendance is a privilege. If at any time a camper's conduct or cooperation with camp instructors is not in keeping with camp requirements, or if a situation arises that requires expertise outside of camp staff capabilities, Oglebay Institute reserves the right to terminate, at its discretion, any camper's enrollment. No registration fees will be refunded for campers who have been dismissed or who have voluntarily withdrawn from camp.

### **CAMP ADDRESS AND PHONE**

Campers like to receive mail from parents, relatives, or friends. Please post these so they will arrive at camp prior to campers' departure. Phone calls to campers are for emergencies only. If you have a concern about your camper, please feel free to contact the Camp Director and we will be happy to check in to the matter and report back to you.

Camp Giscowheco, Attn: Junior Nature Camp  
237 Juliette Way, Triadelphia, WV 26059  
Telephone: 304-547-1232

### **PAYMENT AND REFUND POLICY**

It is recommended to register early to ensure a spot for your child. Payment in full is required at the time of registration. Cancellations made before June 26 are eligible for a full refund. No refunds - full or partial - will be granted for cancellations made after June 26. Camp fees cannot be transferred to another camp.

### **CUSTOMER PRIVACY & INFORMATION REQUESTS**

We value your privacy and the privacy of your family. For our mutual protection, Oglebay Institute will not accommodate requests for customer information from our records, including information related to program attendance and fees paid, except where the law requires such accommodation.

## **CAMPER INFORMATION FORM**

Oglebay Institute requires all of the following information to be completed and returned before a child will be permitted to attend Junior Nature Camp. Please complete each section fully.

### **GENERAL CONTACT INFORMATION**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **EMERGENCY INFORMATION**

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2nd Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Physician/Medical Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

### **HEALTH HISTORY**

**Does the participant have a history of:**

Anxiety YES NO

Depression YES NO

Low self-image YES NO

Addiction YES NO

ADD/ADHD YES NO

Mental health issue YES NO

Emotional health issue YES NO

**PLEASE EXPLAIN ANY YES ANSWERS**

Please list any triggers for above behavior: \_\_\_\_\_

\_\_\_\_\_

Please list any tips or therapy techniques for helping with above behavior: \_\_\_\_\_

\_\_\_\_\_

Please list any dietary restrictions to be shared with the Camp Nurse & Camp Cook:

\_\_\_\_\_

**HEALTH HISTORY**, continued

Each camper is expected to be covered under a medical plan and any medical costs incurred will have to be submitted to the individual's insurance carrier.

Medical Insurance Provider: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Agreement #: \_\_\_\_\_

Public Assistance: \_\_\_\_\_ Code #: \_\_\_\_\_

*This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician. In the event of an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PICKUP AUTHORIZATION**

Camper's Name: \_\_\_\_\_

I hereby authorize the following person(s) to pick up my child(ren) from Oglebay Institute's Junior Nature Camp at Camp Giscowhoco. If there are any changes in these arrangements, I will give advanced written notice.

Name	Phone	Relationship to CAMPER
1.		
2.		
3.		

If there are any special instructions, or any person(s) who is never authorized to pickup your child, please indicate this information here:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL HISTORY** – *To be completed by parent or guardian before physician exam*

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering grade \_\_\_\_ Age \_\_\_\_

**Has the participant ever had:**

- |     |    |  |
|-----|----|--|
| Yes | No | 1. Chronic or recurrent illness? ( <i>Diabetes, Asthma, Seizures, etc.</i> )           |
| Yes | No | 2. Any surgery?  |
| Yes | No | 3. Any hospitalization?  |
| Yes | No | 4. Injuries that prohibited sports?  |
| Yes | No | 5. Dizziness or frequent headaches?  |
| Yes | No | 6. Concussion/knocked out?   |
| Yes | No | 7. Knee, ankle or neck injuries?   |
| Yes | No | 8. Broken bone or dislocation?   |
| Yes | No | 9. Heat exhaustion/sun stroke?   |
| Yes | No | 10. Fainting or passing out?   |
| Yes | No | 11. Any allergies?   |
| Yes | No | 12. Problems with heart/blood pressure?  |
| Yes | No | 13. Has anyone in your family ever fainted during exercise?                            |
| Yes | No | 14. Take any medicine? If yes, list on separate form                                   |
| Yes | No | 15. Glasses____, contact lenses____, dental appliances____?                            |
| Yes | No | 16. Have any organs missing?   |
| Yes | No | 17. Has it been longer than 10 years since your last tetanus shot?                     |
| Yes | No | 18. Have a sudden death history in your family?  |
| Yes | No | 19. Have a family history of heart attack before age 50?                               |
| Yes | No | 20. Develop coughing, wheezing, or unusual shortness of breath when you exercise?      |
| Yes | No | 21. <b>(Females only)</b> Do you have any problems with your menstrual periods?        |
| Yes | No | 22. Do you know of any reason this camper shouldn't participate in a residential camp? |

**PLEASE EXPLAIN ANY "YES" ANSWER**

**SCREENING PHYSICAL EXAM** – *To be completed and signed by physician***Mouth:**

Appliances	Y	N
Missing/loose teeth	Y	N
Caries needing treatment	Y	N
Enlarged lymph nodes	Y	N
Skin- infectious lesions	Y	N
Peripheral pulses equal	Y	N

**Respiratory:**

Symmetrical breath sounds	Y	N
Wheezes	Y	N

**Cardiovascular:**

Murmur	Y	N
Irregularities	Y	N
Murmur with Valsalva	Y	N

**Abdomen:**

Masses	Y	N
Organomegaly	Y	N

**Genitourinary (males only):**

Inguinal hernia	Y	N
Bilaterally descended testicles	Y	N

**Musculoskeletal (note any abnormalities):**

Neck:	Y	N
Shoulder:	Y	N
Elbow:	Y	N
Wrist:	Y	N
Knee/Hip:	Y	N
Ankle:	Y	N
Hamstring:	Y	N
Scoliosis:	Y	N

**VITAL SIGNS**

Height _____	Weight _____	Pulse _____	Blood Pressure _____
Visual acuity: Uncorrected _____/_____; Corrected _____/_____; Pupils equal diameter: Y N			
L	R	L	R

**RECOMMENDATIONS BASED ON ABOVE EVALUATION:**

After my evaluation, I give my:

- ☐ Full Approval
- ☐ Full approval; but needs further evaluation by: Family Dentist \_\_\_\_; Eye Doctor \_\_\_\_; Other \_\_\_\_\_
- ☐ Limited approval with the following restrictions:
- \_\_\_\_\_
- ☐ Denial of approval for the following reasons:
- \_\_\_\_\_

_____	MD/DO	_____
Signature		Date

**OTC MEDICAL CONTROL** – *To be completed and signed by physician*

Over the Counter Medication provided by camp. Health Care Provider, Please circle yes or no.

Tylenol	PO – chewable tabs, elixir, or tabs	Per label instructions by age or weight	Q 4 hr. prn for pain or fever > _____ degrees F	Yes or No
Ibuprofen	PO – chewable tabs, suspension, or tabs	Per label instructions by age or weight	Q 6 hr. prn for pain or fever > _____ degrees F	
Robitussin	PO – syrup	Per label instructions by age or weight	Q 4 hr. prn for cough	
Pepto-Bismol	PO – chewable tabs, or liquid	Per label instructions by age or weight	Q 30 min to 1 hr prn for diarrhea (no > 8 doses/24hr)	
Tums	PO – chewable tabs	Per label instructions by age or weight	BID-TID prn for stomach upset	
Dimetapp	PO – suspension or tabs	Per label instructions by age or weight	Q 6-8 hr prn for nasal congestion/drainage	
Benadryl	PO – elixir, chewable tabs, or pills	Per label instructions by age or weight	Q 6 hr prn for allergic reaction (hives, insect bite)	
Imodium AD	PO – tabs	Per label instructions by age or weight	1 caplet after 1st BM, and ½ caplet after each subsequent loose BM	
Loratadine	PO – chewable tabs	Per label instructions by age or weight	1 tablet daily for allergies	
Zyrtec	PO – tabs	Per label instructions by age or weight	1 tablet daily	
Topical ointments & spray	PO – ointment or spray	Per label instructions by age or weight	Prn for cuts, scrapes & burns	

**EPINEPHRINE AUTO-INJECTOR MEDICAL CONTROL** – *To be completed and signed by physician*

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies that could cause Anaphylaxis: \_\_\_\_\_

**If camper is having an allergic reaction AND is symptomatic, administer one of the following Epinephrine Auto-Injectors per device instructions:**

- ☐ Epinephrine Injection Auto-Injector Adult 0.3mg
- ☐ Epinephrine Injection Auto-Injector Pediatric 0.15mg

**If camper is having an allergic reaction with NO respiratory distress, administer:**

- ☐ Diphenhydramine (Benadryl)
- ☐ 50mg tablet or liquid PO immediately
- ☐ Diphenhydramine (Benadryl)
- ☐ 25mg tablet or liquid PO immediately

Physician: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

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

**OGLEBAY INSTITUTE  
ASSUMPTION OF RISK AND WAIVER OF LIABILITY  
ACKNOWLEDGMENT AND RELEASE**

**Please read the following assumption of risk and liability waiver very carefully.  
By signing this application you are agreeing to all provisions, implied or otherwise, of the waiver.**

IN CONSIDERATION of participating in the activities of JUNIOR NATURE CAMP, I the undersigned, for myself, my personal representatives, heirs and next of kin hereby acknowledge, agree, and represent that I fully understand that certain activities of Oglebay Institute's JUNIOR NATURE CAMP pose risks of injury and possibly death. It is my responsibility to follow any directions, restrictions, prescriptions or limitations that are applicable to my physical condition or state of fitness. Therefore, I HEREBY VOLUNTARILY:

ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE that may occur while participating in any way in any activity associated with JUNIOR NATURE CAMP.

I do further agree to hold Oglebay Institute, its officers, directors, employees, and agents, harmless from any and all liability, actions, causes of action, claims, expenses, and damages arising on account of injury to my person or property, even injury resulting in death, which I now have or which may arise in the future in connection with participation in any activities associated with JUNIOR NATURE CAMP.

I further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of West Virginia and if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HEREBY WARRANT THAT I HAVE READ AND VOLUNTARILY SIGNED THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY ACKNOWLEDGEMENT AND RELEASE, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Minor Child's Name \_\_\_\_\_

Printed Parent's or Guardian's Name \_\_\_\_\_

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



## **PHOTOGRAPH AND PUBLICITY RELEASE FORM**

I give *Oglebay Institute* permission to use my child's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of *Oglebay Institute* activities. I agree that *Oglebay Institute* has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with *Oglebay Institute's* missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium not known or later developed, including the Internet. I acknowledge that I nor my child will receive any compensation, etc for the use of such pictures, etc., and hereby release *Oglebay Institute* and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

***I give my consent*** to *Oglebay Institute* to use my child's name and likeness to promote its, its fiscal agent, and/or their activities.

_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Parent / legal guardian (if under age of 18)</i>	_____ <i>Date</i>

***I do not give my consent*** to *Oglebay Institute* to use my child's name and likeness to promote its, its fiscal agent, and/or their activities.

_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Parent / legal guardian (if under age of 18)</i>	_____ <i>Date</i>

## Junior Nature Camp Equipment and Clothing Checklist

### Necessary:

- ☐ Daily change of clothes
- ☐ At least 3 pairs of pants
- ☐ At least 10 pairs of socks (wet socks cause blisters)
- ☐ At least 5 shorts
- ☐ At least 12 t-shirts
- ☐ Breathable dirty clothes bag
- ☐ Underwear
- ☐ Walking shoes, sneakers and/or light shoes which tie
- ☐ Hiking boots
- ☐ Shoes for the creek
- ☐ Raincoat and at or poncho
- ☐ Warm sweater, sweatshirt, jacket
- ☐ Flashlight or lantern
- ☐ Batteries
- ☐ Sleeping bag, pillow, pillow case
- ☐ Brimmed hat
- ☐ Swimsuit

### Toiletries:

- ☐ Soap in a box
- ☐ Comb and/or brush
- ☐ Toothpaste, toothbrush
- ☐ Hand towel, washcloth
- ☐ Bath towel AND pool towel
- ☐ Tissues or hankie
- ☐ Shampoo
- ☐ Something to carry your shower supplies in
- ☐ Flip flops or shower shoes
- ☐ Deoderant
- ☐ Sunscreen, bug spray

### Optional:

- ☐ Field guides
- ☐ Musical instruments
- ☐ Bathrobe
- ☐ Camera
- ☐ Nature-oriented books
- ☐ Hand lens
- ☐ Art supplies
- ☐ Letter writing supplies, stamps
- ☐ Binoculars
- ☐ Foam pad for cot
- ☐ Notebook and two pencils

### DIRECTIONS TO CAMP

#### **From the West (Wheeling, WV):**

Follow I-70 East from Wheeling and exit at the Dallas Pike Exit (WV exit 11). At the end of the exit ramp, turn right onto Dallas Pike Road. Follow the winding road about 1.7 miles until it makes a 90-degree turn to the left. At this turn, there will be a small sign for the camp, turn right at the sign. (If you pass Orum's Salvage, you have missed the turn). This road (Middle Wheeling Creek Road) will follow a creek. Stay on this road for about 1/2 mile until you see the entrance to the camp on your left. You must cross the creek on a small bridge and you will see Camp Director Jeff Altemus waiting to greet you.

#### **From the East (Washington, PA):**

Follow I-70 West out of Washington, PA and exit at the Dallas Pike Exit (WV exit 11). Turn left at the end of the ramp onto Dallas Pike Road. Follow the winding road about 1.7 miles until it makes a 90-degree turn to the left. At this turn, there will be a small sign for the camp, turn right at the sign. (If you pass Orum's Salvage, you have missed the turn). This road (Middle Wheeling Creek Road) will follow a creek. Stay on this road for about 1/2 mile until you see the entrance to the camp on your left. You must cross the creek on a small bridge and you will see Camp Director Jeff Altemus waiting to greet you.

## Hazelbaker's Recreational Services (*week one canoe trip*)

### WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in **HAZELBAKER'S RECREATIONAL SERVICES, BYO inc.** operation, use of equipment, or related events and activities, such as CANOEING, KAYAKING, RAFTING and or BICYCLING; I, \_\_\_\_\_ fully understand and acknowledge, appreciate, and agree that outdoor recreational activities have:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF HAZELBAKERS RECREATIONAL SERVICES, BYO inc. or others and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence of participation, I will remove myself from participation and bring such to the attention of employees of HAZELBAKERS RECREATIONAL SERVICES, BYO inc. immediately.
4. I for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS HAZELBAKERS RECREATIONAL SERVICES, BYO inc; their officers, officials, agents and or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity of HAZELBAKERS RECREATIONAL SERVICES, BYO inc., with **respect to any and all injury, disability, death, loss or damage to person or property associated with my presence or participation**, WHETHER ARISING FROM THE NEGLIGENCE OF HAZELBAKER'S RECREATIONAL SERVICES, BYO inc. or OTHERWISE, to the fullest extent permitted by law.

\_\_\_\_ (Initial) I agree to wear my Personal Flotation Device (P.F.D.) at all times while participating in CANOEING, KAYAKING, and/or RAFTING activities.

\_\_\_\_ (Initial) I agree that I will not have any alcohol in shuttle vans/buses or in any rental equipment.

\_\_\_\_ (Initial) Abuse or abnormal damage to rental equipment will be charged to me at repair or replacement value.

\_\_\_\_ (Initial) I agree to return to Layton with all rental equipment by 6:30 p.m.

**I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THE ABOVE WAIVER AND RELEASE. BY SIGNING THE BOTTOM OF THIS WAIVER I AGREE THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. IT IS MY INTENTION TO EXCEPT AND RELIEVE HAZELBAKER'S RECREATIONAL SERVICES, BYO inc. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which the Hazelbaker's Recreational Services, BYO inc. or its agents is a party shall be either the Village of Layton, PA Justice Court or the County or State Supreme Court in Fayette County.

Age \_\_\_\_\_ Name (print) \_\_\_\_\_ (sign) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### **FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (under age 18 at time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of Hazelbaker's Recreational Services, and, for myself, my child and our heirs, assigns, and next of kind, I release and agree to indemnify and hold harmless Hazelbaker's Recreational Services from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF HAZELBAKER'S RECREATIONAL SERVICES, to the fullest extent permitted by law.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date