

2020 Camp Release Forms

DUE 2 WEEKS BEFORE CAMP STARTS

Fill all 4 forms out separately for each child attending camp

Child Name (and nickname, if applies):	
Name(s) of Parent(s)/Legal Guardian(s):	
SELECT YOUR CAMP SESSION (S): Minnesota Animals; June 22 - 26, 2020 Minnesota Animals; July 6 - 10, 2020 Junior Naturalists; July 20 - 24, 2020 Junior Naturalists; Aug 3 - 7, 2020	
RELEASE & HOLD HARMLESS AGREEMENT:	
ACKNOWLEDGMENT OF RISK: I HEREBY ACKNOWLEDGE AND AGREE that the camp that my son or daughter will attend he inherent risks. I have full knowledge of the nature and extent of all the risks associated with camp activities. RELEASE/INDEMNIFICATION AND COVENANT NOT TO SUE: In consideration of participation in the camp, I, the undersigned agree to release and on behalf of myself, my child, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Saint John's University, its officers, agents, sponsors, and employees from any cause of action, claims or demands of any nature whatsoever, including but not limited to, a claim of negligence, which I, my child, my heirs, representatives, executors, administrators, and assigns may have on account of personal injury, property damage, death accident of any kind, arising out of or in any way related to participation in the camp whether supervised or unsupervised however the injury or damage is caused. In consideration of participation, we agree to INDEMNIFY AND HOLD HARMLESS Saint John's University, its officers, agents, sponsors, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way relating to my son or daughter's participation in the camp. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the camp activities and that we are voluntarily assuming the risks. We release Saint John's University, all other event sponsors, of any and all liability for such loss, damage, or death. I further certify that my son or daughter is in good health and has no physical limitations which would preclude safe participation in the camp activities.	ed s, or
CONSENT FOR MEDICAL TREATMENT: SJU requires all campers to carry insurance. If a serious illness or injury develops, medical and/or hospital care will be given There is a consent for treatment area in all camp registrations giving permission to the attending health care provider to secure proper treatment for or to hospitalize the camper. Staff members for the activity are not responsible in case of accidental injury or illness. I/we certify that my/our son/daughter is medically fit to participate in camp and grant permission for medical attention if needed during Camp activities. I release Saint John's University, its employees and its Camp Staff from all claims that may be sustained by my/our son/daughter while participating in the Camp. I/we agree to indemnify Saint John's University for each claim, which may hereafter be presented by my/our son/daughter as a result of any such injuries. In addition, my/our son/ daughter currently has health insurance coverage. I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my child, our heirs, assigns, and personal representatives. Parent/Legal Guardian Signature:	
Printed name:Date:	

Child's Name:	Child's Age:		June 22-26 July 6-10
Parent/Guardian's Name:	_ Phone Number:		July 20-24
EMERGENCY CONTACTS: 2 people able to b	e reached while	e camp is in session	Aug 3-7
(include yourself if applicable)		•	
Name:	Relationship to	Child:	
Phone Number:			
Name:	Relationship to	Child:	
Phone Number:			
HEALTH + SAFETY SURVEY: Allergies and/or dietary restrictions, and associated reaction	ns:		
1			_
Disabilities (physical and learning):			
1			_
2			_
Special needs, social challenges, fears/phobias, or other con			
1			_
2			
What is the best way to help gain your child's composure i	f he/she might bed	come hurt or upset?	
			-
AUTHORIZED PICK-UP/DROP-OFF:			
Campers must be escorted by either a parent, legal guardian location each day and signed in with a staff member. A pare including themselves, to pick up their camper. Authorized in to pick-up any child from camp. I authorize the following ind	nt or guardian may ndividuals may be r	y authorize at least three individua equired to present valid identifica	ition
Photo Release: Saint John's Outdoor University uses photog scholarly, educational and other Outdoor U materials. We re Outdoor U programs. By signing below you provide consent likeness. Sunscreen & Bug Spray Authorization: In the interest of the hato re-apply or ask campers to re-apply sunscreen and/or bug staff to apply these products if needed, whether the applied inventory.	equest permission and thereby autho <i>I give my d</i> nealth and wellbeir g spray over the co I product is supplie	to use your child's likeness for proprize Outdoor U to include your chauthorization: Yes Now your campers, Outdoor U stafourse of the camp. This authorizat	omotion of hild's o f may need ion allows
Parent/Legal Guardian Signature:			
Printed name:		Date:	

Medicine Administration Consent Form

You DO need to complete this form even if your child will NOT be taking medication(s) during camp hours.

If your child requires/needs the administration of medication while attending Nature Explorers Summer Camp, this form will need to be completed and submitted to Outdoor U prior to the start of camp. If your child were to require medication once the program has begun, medication can be administered after the completion and submittal of this form to Outdoor U. The medications listed on this form should include any form of medication that you deem acceptable to be administered in addition to any prescription medications. Please note that no medicine will be administered to your child that is not listed on this form and provided by you. A new form will be required if instructions or medicines change. This information will be kept confidential.

Please place any medication in a Ziploc bag labeled with your child's name and present to camp staff on the first day of

the program. Camp Session(s): ____ June 22-26 ____ July 6-10 ____ July 20-24 ____ Aug 3-7 Insurance Company Name:______ Insurance Policy/Group Number:_____ My child will require medication to be given during camp hours: _____ Yes (fill out information below and sign below) _____ No (skip information below and sign bottom of form) I, the undersigned, authorize and give permission to the Outdoor U to administer the following medication(s) to my child for the following period: From:___/___/___ To:___/___/____ month day year month day year Route of administration? How many Time(s) of Require (Oral? Topical?) Medication Dosage times per day? administration refrigeration? Does your child have any difficulty taking medicines? ☐ Yes ☐ No If yes, please describe: Signature of Parent/Legal Guardian:

Printed Name: Date:

1. 2. 3. 4. 5.

EXTENDED CARE

You DO need to complete this form even if your child will <u>NOT</u> be using extended care before or after camp.

SELECT YO	UR CAMP SESSION (S):			
	nnesota Animals; June 22 - 26, 2020			
	nnesota Animals; July 6 - 10, 2020 ior Naturalists; July 20 - 24, 2020			
	ior Naturalists; Aug 3 - 7, 2020			
Check-in is expect	ed by 8:30 am each day. Doors open	at 8:15 am.		
Pick-up is expecte	d by 4:00 pm each day. Doors close a	t 4:15 pm.		
•	le between 7:30-8:15 am and costs \$	•		
Late Care is betwe	een 4:15-5:00 pm each day and costs	\$5/day.		
	6 1 6 1 6 1		staff by the first date	of camp, you will be
	for drop off or late for pick up and ha ery 15 minutes you are early or late.	ve not informed camp	stair by the mist date	, o. cap, , ca se
charged \$5 for ev		, and the second second	·	
charged \$5 for ev Changes to extendend of camp for the	ery 15 minutes you are early or late. ded care schedules can be made by co	ontacting camp staff by ner camp:	the first day of camp	o. We will bill you at the
charged \$5 for ev Changes to extendend of camp for the	ery 15 minutes you are early or late. ded care schedules can be made by co he times you used extended care. tending early or late care during sumn	ontacting camp staff by ner camp: No (skip chart belo	the first day of camp w and sign bottom of	o. We will bill you at the
charged \$5 for ev Changes to extendend of camp for the	ery 15 minutes you are early or late. ded care schedules can be made by content in the times you used extended care. tending early or late care during summer chart below and sign below)	ontacting camp staff by ner camp: No (skip chart belo	the first day of camp w and sign bottom of	o. We will bill you at the
charged \$5 for ev Changes to extendend of camp for the	ery 15 minutes you are early or late. ded care schedules can be made by content the times you used extended care. tending early or late care during summer chart below and sign below) Fill out chart with day(s) can	ner camp: Ontacting camp staff by Oner camp: Oner is attending early one	w the first day of camp w and sign bottom of and/or late care	o. We will bill you at the
charged \$5 for ev Changes to extendend of camp for the	ded care schedules can be made by content tending early or late care during summer chart below and sign below) Fill out chart with day(s) can Day of Week Monday Tuesday	ontacting camp staff by ner camp: No (skip chart belo	w and sign bottom of Late Care	o. We will bill you at the
charged \$5 for ev Changes to extendend of camp for the	ded care schedules can be made by content times you used extended care. tending early or late care during summer chart below and sign below) Fill out chart with day(s) can Day of Week Monday	ner camp: No (skip chart belower is attending early a Early Care Yes No	w and sign bottom of and/or late care Late Care Yes No	o. We will bill you at the
charged \$5 for ev Changes to extendend of camp for the	ery 15 minutes you are early or late. ded care schedules can be made by content times you used extended care. tending early or late care during summer chart below and sign below) Fill out chart with day(s) can Day of Week Monday Tuesday Wednesday Thursday	ner camp: No (skip chart belowner is attending early are Yes No Yes No	w and sign bottom of and/or late care Late Care Yes No Yes No	o. We will bill you at the
charged \$5 for ev Changes to extendend of camp for the	ded care schedules can be made by content times you used extended care. Itending early or late care during summer chart below and sign below) Fill out chart with day(s) can Day of Week Monday Tuesday Wednesday	ner camp: No (skip chart belowed) per is attending early at Early Care Yes No Yes No Yes No	w and sign bottom of high care Late Care Yes No Yes No Yes No	o. We will bill you at the
charged \$5 for ev Changes to extendend of camp for the	ery 15 minutes you are early or late. ded care schedules can be made by content times you used extended care. tending early or late care during summer chart below and sign below) Fill out chart with day(s) can Day of Week Monday Tuesday Wednesday Thursday	ner camp: No (skip chart belowed) nper is attending early	w and sign bottom of Late Care Yes No Yes No Yes No Yes No	o. We will bill you at the
charged \$5 for ev Changes to extendend of camp for the second of the sec	ery 15 minutes you are early or late. ded care schedules can be made by content times you used extended care. tending early or late care during summer chart below and sign below) Fill out chart with day(s) can Day of Week Monday Tuesday Wednesday Thursday	ner camp: No (skip chart belowed) nper is attending early	w and sign bottom of Late Care Yes No Yes No Yes No Yes No	o. We will bill you at the