

**AGREEMENT, RELEASE AND MEDICAL AUTHORIZATION**

Student's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

I, the parent, custodian or legal guardian of \_\_\_\_\_, a minor child enrolled in Camp Woolaroc, An Adventure in Learning, hereby agree that in consideration of the child's attendance and participation in the Camp, I release the Woolaroc Museum and Wildlife Preserve and The Frank Phillips Foundation, Inc. (hereinafter referred to as "Woolaroc"), its agents and employees, from any actions, causes of action, damages, claims or demands which I, the above child or my heirs, executors and administrators, or assigns may have for personal injuries known or unknown which the child may incur while participating in the Camp. Further, I agree that during the child's participation in the Camp, agents of Woolaroc may take photographs which may contain the image of the child and I hereby give to Woolaroc all rights, title and interest to such photographs and agree that such photographs may be used in the future marketing, publicity and promotion of Camp Woolaroc.

**MEDICAL AUTHORIZATION**

As the parent, custodian or legal guardian of \_\_\_\_\_, I hereby give my consent and authorization to Woolaroc, its agents and employees to provide emergency medical treatment for any injury or illness deemed necessary or appropriate by emergency medical technicians or any hospital or treatment facility for the care of the child. I agree to be financially responsible for the reasonable costs of any such medical assistance and/or treatment.

I further agree that our child has had sunscreen applied each morning before attending Camp Woolaroc. I also agree and allow employees, agents or volunteers to provide additional sunscreen applications as needed during the child's participation in the Camp, using our chosen sunscreen product, \_\_\_\_\_, which has his/her name clearly written on the container and is not to be shared with others but is intended only for our child's use and protection.

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

Father's Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Child Information**

Allergies \_\_\_\_\_

Medical Problems \_\_\_\_\_

Family Physician \_\_\_\_\_ Insurance Provider \_\_\_\_\_