

Vamos Outdoors Project Participant Information

Participant's full name _____ Birth date _____ Grade _____

Parent's name(s) _____

Address _____ City _____ State _____ Zip Code _____

Parent's cell: (____) ____-____ Youth's cell (**Not Required**): (____) ____-____

Email (parent/family): _____ Email (youth-**Not required**): _____

Emergency Contacts (Please list persons other than parents)

Emergency contact # 1:

(name) (phone) (relationship)

Medical Information

Please list any allergies/sensitivities/conditions:

Doctor: _____ (name/phone number)

Physical concerns/limitations/anything the staff should be aware of: _____

Food allergies: _____

Medications your child takes regularly (name/dose/times/etc.):

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, _____, HEREBY ASSUME ALL OF THE RISKS OF MY CHILD'S PARTICIPATION IN ANY/ALL ACTIVITIES ASSOCIATED WITH VAMOS EDUCATION including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

Initial as read:

_____ I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern my child's actions and responsibilities at said activity.

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to my child including his/hers/their traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Vamos Education, Vamos Outdoors Project, Andy Basabe, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

_____ I acknowledge that they are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

_____ I acknowledge that this activity may involve a test of a my child's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to my child receiving medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

_____ I understand while participating in this activity, my child may be photographed. I agree to allow his/her/their photos, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, funders, organizers, partners, and assigns.

_____ I understand that my child may participate in surveys and interviews regarding their thoughts, habits, and actions related to their participation in Vamos Education's activities. Your child's name will be confidential and not associated with their responses. This data will be used to procure grants, funding, and other support for Vamos Education and partner agencies. Your child's participation in this study is voluntary, and he/she/they may withdraw at any time.

_____The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant Signature

Participant's Name

Date

Parent/Guardian Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)

