



5. Why do you want to be an Outdoor Leader? (If you need more space, please use an additional sheet of paper.)

Be sure to have your parent or guardian fill out and sign this part of the form. A parent/guardian's signature is required for each participant in Nearby Nature's Outdoor Leader Program.

Name of Parent(s)/Guardian(s) (First and Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Daytime Phone (if different from home phone): \_\_\_\_\_

*Medical Information:*

Doctor's Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please list and describe any allergies, medical conditions, or special needs of your child. Note especially any known allergies to bee or wasp stings.

In case of an emergency please list names and phone numbers of persons authorized to pick up your child other than parents/guardians.

In the space provided below or on additional paper, please add any other information that we should know about your child.

\_\_\_ Publicity: Check here only if you do NOT give permission for photographs and/or video of your child to be to be used for publicity purposes.

*Release from liability agreement:*

In consideration of the right to participate in this activity, I release any and all claims for damages and losses suffered by me or my minor child as a result of said participation against Nearby Nature and any officers or agents thereof. I further understand that there are certain risks inherent in this activity. I hereby agree to assume those risks on behalf of my minor child and to hold harmless Nearby Nature and its agents. I have read and understand the above.

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