

Other Conditions or Circumstances: Describe any conditions or circumstances about the participant of which *the Wilds* needs to be aware. _____

Medical Authorization

If the participant is a minor, I authorize American Red Cross first aid/CPR certified personnel of *the Wilds* to:

- Dispense acetaminophen (Tylenol) to participant for headache, fever, minor pain. Yes No
- Dispense diphenhydramine HCL (Benadryl) to participant for allergic reactions. Yes No
- Provide first aid treatment and/or emergency medical treatment to participant. Yes No

Release of Liability

I acknowledge that certain hazards and dangers are inherent in outdoor activities and programs. I hereby release *the Wilds*, its officers and employees, from any claims for personal injury or property damage arising out of participant's participation in the Overnight Field Experience.

I understand that an injury sustained by participant while participating in the Overnight Field Experience will not be covered by insurance provided by *the Wilds*.

Promotional Consent

I consent to the use of any video or photographs taken of participant while participating in any program or activities at *the Wilds* for the promotion of the Wilds and its programs. Yes No

Participant or Parent/Guardian Name: _____

Signature: _____ Date: _____