

MONTANA OUTDOOR SCIENCE SCHOOL
Medical History & Waiver of Liability/Disclaimer

Camper Name _____ M / F Height _____ Weight _____ DOB _____

Parent Name (if camper is under 16 years) _____

Address _____ City _____ State _____ Zip _____

Phone (h) _____ Phone (w) _____ Phone (c) _____

Emergency Contact Name _____ Emergency Phone _____

Doctor Name _____ Address _____ Phone _____

Health Insurance Co _____

Medical History

1. Please list any allergies:

- Does the camper carry allergy medication? Y / N

- If yes, please detail the type and administration of medication:

2. Is the camper currently taking any medication? Y / N

- If yes, please detail the type and administration of medication:

3. Please list any other medical information that MOSS should be aware of (i.e. special instructions for emergency personnel):

4. Does the camper have current immunizations? Y / N

5. Does the camper have a current Tetanus vaccination? Y / N

- If no, please attach a signed explanation.

6. Does the camper have any social, behavioral or educational needs?

Signed: _____

Date: _____

MONTANA OUTDOOR SCIENCE SCHOOL
Waiver of Liability and Disclaimer

I, the parent or guardian of _____, acknowledge that participation in Montana Outdoor Science School (MOSS) activities means my child will be in an outdoor setting as an integral part of the MOSS program. Children may be doing activities such as: exploring plants and animals (collecting, touching); walking, hiking and running over and through a variety of terrain, including rocks, hillsides and wet areas, such as flowing creeks and ponds (wet areas); and touring farms or ranches with farm and ranch animals. Any of these outdoor activities may, by their nature, expose children to a variety of hazards which could cause injury.

I am aware of the risks, conditions and hazards of the MOSS activities, and I hereby release, discharge, and hold harmless, MOSS, its instructors, volunteers and other representatives from any claims or liability arising out of or relating to any injury (of any kind) that may result to my child while participating in MOSS sponsored sessions.

I verify that my child has no past or current physical condition that might affect their participation in the course, other than as described on the Medical Form. In the event my child is in need of emergency medical treatment, I hereby authorize MOSS and its instructors or volunteers to obtain or provide emergency hospitalization, surgical, or other medical care for my child. I specifically indemnify and hold harmless MOSS, its instructors and volunteers from any negligence and all costs arising out of the decision to obtain and provide such care, treatment and/or procedure for such emergency.

Signed: _____

Date: _____

Vehicle Permission

I, the parent or guardian of _____, hereby give permission for the above named individual(s) to ride in vehicles driven by the Montana Outdoor Science School instructors or volunteers. I understand that students will be transported to outdoor teaching sites (leaving from and returning to designated staging areas) every day of each session.

Signed: _____

Date: _____

Photo Release

I, _____ do hereby give the Montana Outdoor Science School the right to use my or my child's photograph in all forms and media and in all manners, including composite or other representations, for brochures, advertising or any other lawful purposes, and I waive any right to inspect or approve the finished product.

Signed: _____

Date: _____