

PUDDLESTOMPERS Nature Exploration Medical Release Form –

I Understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child \_\_\_\_\_. However, if I cannot be reached, I hereby authorize for PUDDLESTOMPERS Nature Exploration (PSNE) to transport my child to the Newton Wellesley Hospital, or \_\_\_\_\_ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at PSNE are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)* *Date*

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Parental Consent Release From Liability and Indemnity for Participation in  
PUDDLESTOMPERS Nature Exploration Camps

I/We/ the undersigned father and mother, or guardian(s) of \_\_\_\_\_, a minor, do hereby consent to his/her participation in PSNE. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless PSNE, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in the PSNE and to INDEMNIFY, reimburse or make good to PSNE, or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney’s fees, PSNE or its representatives may have to pay if any litigations arise from said minor’s participation in the PSNE.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)* *Relationship* *Date*

*Witness*

THIS FORM MAY NOT BE ALTERED

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PUDDLESTOMPERS Nature Exploration – PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of \_\_\_\_\_ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for PSNE. I understand that photo’s may be published in local papers or in future brochures for PSNE.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)* *Date*