



# Dune Detectives Camp Registration

July 16<sup>th</sup> - 20<sup>th</sup> OR July 30<sup>th</sup> - August 3<sup>rd</sup>, 2018 Ages 5-7

\$135 Friends of the Dunes Members/Peninsula Residents

\$150 non-members (Form 1 of 2, see reverse)

**Participant's name:**

**Age:**

(Please use a separate form for each child)

**Camp Dates (circle one):** July 16<sup>th</sup> - 20<sup>th</sup>

OR

July 30<sup>th</sup> - August 3<sup>rd</sup>

**Parent/Guardian:**

**Phone:**

**Email:**

**Mailing address:**

Address

City

Zip

**Parent/Guardian:**

**Phone:**

**Email:**

**Mailing address (if different):**

Address

City

Zip

**Emergency contact (in addition to above listed Parents/Guardians):**

Name

Phone

Relationship

**Allergies/medical or other concerns:**

**Doctor's name:**

**Phone number:**

**The following people are allowed to pick up my child.**

Name

Phone Number

Relationship

Name

Phone Number

Relationship

**REGISTRATION--** Pre-registration required. Class size minimum is 8 and maximum is 14. Registration taken on a first come, first serve basis. To finalize registration, submit this form, liability waiver (see reverse) and payment.

Checks payable to *Friends of the Dunes*, credit cards accepted over the phone or at the Humboldt Coastal Nature Center, 220 Stamps Lane in Manila.

**REFUND POLICY--** If participant cancels up to 2 weeks prior to event, a 90% refund will be issued. If participant cancels less than 2 weeks prior to event, no refund is issued. If a class is cancelled by the Friends of the Dunes, 100% participant refund will be issued.

Friends of the Dunes

PO Box 186, Arcata CA 95518 • 707-444-1397 • [Info@friendsofthedunes.org](mailto:Info@friendsofthedunes.org)

# **PARENTAL CONSENT WAIVER AND RELEASE OF LIABILITY** **AND ASSUMPTION OF RISK AGREEMENT**

**FOR GOOD AND VALUABLE CONSIDERATION**, including permission for \_\_\_\_\_  
(NAME OF MINOR)  
(the "minor") to participate in \_\_\_\_\_ and related activities, I, the parent/guardian of the  
(NAME OF CLASS)  
minor for myself and on behalf of the minor:

1. Consent to the minor's participating in the event or activity;
2. Release, waive, discharge, and relinquish the Friends of the Dunes and their officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise;
3. Assume any and all risks of personal injuries to the minor and authorize the Friends of the Dunes to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability, or death and damages to the minor's or my property, caused by or arising from the minor's participation in the event or activity;
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor against the Friends of the Dunes and their officers, employees, and agents attributable to the minor's participation in the event or activity;
5. Agree that photographs, pictures, slides, movies, or videos of the minor may be taken in connection with the minor's participation in the event or activity without compensation from the Friends of the Dunes or their agents and employees and consent to the use of photographs, pictures, slides, movies, or videos for any legal purpose;
6. Warrant that the minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity;

**IMPORTANT:**

This document relieves Friends of the Dunes and its employees from liability for personal injury, wrongful death, and property damage caused my negligence. I have read this document, and sign voluntarily.

**Please Check this box if you would NOT like us to use photos/videos of your child**

Please Print Participants Name:

\_\_\_\_\_

First

\_\_\_\_\_

Last

\_\_\_\_\_  
Signature of Parent/Guardian #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian #2

\_\_\_\_\_  
Date

**REFUND POLICY:**

If participant cancels up to 2 weeks prior to the event, a 90% refund will be issued. If participants cancels less than 2 weeks prior to the event, no refund will be issued. If a class is cancelled by Friends of the Dunes, a 100% refund will be issued.

**Friends of the Dunes does not carry medical insurance for any program/class/activity**