

MEDICAL RELEASE:

I understand that personal injury can and may occur to my child. I hereby authorize:

Name _____ Relationship _____

to seek and consent to medical attention ***if I am unable to do so***. I further agree to be liable for and pay for all costs incurred in connection with such medical attention.

I hereby release the Tubac Nature Center and all of its volunteers from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to or from this event.

The following are insurance, restrictions, allergy, and medication information necessary for my child to receive appropriate medical care:

Photo Release: YES ____ NO ____

I give my permission for photos or videos taken during this event to be used for this purpose. I understand that photos or videos taken during this event will be used to promote future Tubac Nature Center *Exploration* events. I understand that no names or addresses will accompany the photos.

I consent to all of the above as indicated in each section.

Parent signature: _____ Date: _____