

Emergency Medical Information, Authorization for Emergency Medical Care & Assumption of Risk, and Waiver of Liability

Please complete all forms in legible print and return with each child's **Immunization Records** no later than two weeks prior to camp start date.

Wings Over the Rockies, 7711 E. Academy Blvd, Denver, CO 80230

Please Print All Information Clearly

Child's Full Name: _____ Gender _____ Birth date: _____

Street Address: _____ City, State and Zip: _____

Parent/Guardian Contact Name(s): _____

Phone Numbers: Home: _____ Work: _____ ext _____ Cell: _____

Best Number to Call During Camp Hours: _____

Employment Address: _____ City and Zip: _____

In case of emergency, if you cannot be reached whom should we call? _____

Phone Number: _____ Alt. Phone: _____ Relationship: _____

Is this person authorized to assume responsibility for the child in the event of an emergency incase a parent/guardian cannot be reached? Yes _____ No _____

You are required to provide valid ID in order to sign your camper(s) in and out each day. Below, please list the full, legal name of all adults to whom you grant permission to pick up your child from camp.

Parents/Guardians or Authorized Persons must come into building each day to sign the camper(s) in and out.

Child's Doctor's Name: _____ Phone Number: _____

Street Address: _____ City, State and Zip: _____

Dentist's name: _____ Phone Number: _____

Street Address: _____ City, State and Zip: _____

Hospital choice: _____

Insurance Company and Policy Number: _____



WINGS
OVER THE
ROCKIES
AIR & SPACE MUSEUM

Wings Over the Rockies Air and Space Museum
7711 East Academy Blvd.
Denver, CO 80230
303-360-5360
www.wingsmuseum.org

List any allergies (food, medicine, basic first aid products (we use Johnson & Johnson brand products), plants or animals, etc)*:

*If your child will bring an EpiPen to camp, please complete the **Allergy and Anaphylaxis Care Plan and Medication Orders** form.

List any medical conditions, current medications and any other conditions that camp staff or medical care providers should know**:

If your child will be bringing any medications to camp (prescribed OR over-the-counter), please complete the **Medication Administration Form.
If your child will bring an inhaler to camp, please complete the **Asthma Care Plan** form.

List recent injuries or illnesses that could affect your child's participation at camp:

I have included a current immunization record with these forms. Yes _____ No _____

I understand that I must drop off my child no earlier than 8:15am; that I must pick up my child no later than 4:15pm; and that I must present valid ID to sign my child in and out each day. Yes _____ No _____

I have read and I agree to the Parent Letter. Yes _____ No _____

Parent/Guardian Signature _____ Date _____

AUTHORIZATION FOR USE OF SUNSCREEN, LIP BALM, AND BUG REPELLENT

I hereby give permission for the staff of Wings Over the Rockies to allow my child to self administer sun screen, lip balm, and/or bug repellent which I have provided and labeled. I understand that my child is not permitted to share any of these items with other campers.

Signature _____ Date _____

PHOTOGRAPH AUTHORIZATION

I understand that my child's image and likeness may be recorded on camera or video by Wings Over the Rockies for possible use in Wings' promotions, commercial advertisements, and websites. I believe this will be a good and enriching experience for my child, and I assume any risk to the contrary, understanding that publicity and exposure may under certain circumstances have unintended or unforeseen emotional or physical effects on my child. I therefore consent to such use of my child's image and likeness and hereby grant Wings Over the Rockies a free, perpetual and irrevocable license to use, publish and profit from such videos and images without further compensation to me or my child.

Additionally, I agree to waive, and release Wings Over the Rockies from, any and all claims relating directly or indirectly to the use of such images and likenesses by third parties. I agree that my sole recourse in the event of third party misconduct relating to such shall be against third parties directly, and I shall have no claim against Wings Over the Rockies for the same.

Signature _____ Date _____



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission for the staff of Wings Over the Rockies to call a doctor or emergency medical service, and for the doctor or emergency medical service to provide emergency or surgical care as needed for my child in the case of injury or other emergency. I will be responsible for all of the expenses associated with medical care my child may receive.

Signature _____ Date _____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I understand that participation in a camp sponsored by Wings Over the Rockies will involve outdoor and other activities that present risks. In consideration of Wings Over the Rockies providing my child the opportunity to participate in a camp, I agree, for myself, my child, my spouse and our respective successors and assigns, as follows:

- (a) We accept the risks of having my child participate in the camp.
- (b) We waive and release any claim we might otherwise have against Wings Over the Rockies, any other person or entity that owns any real or personal property used in the camp or any of their respective employees, volunteers, directors, sponsoring agencies or representatives, for any personal injury or property damage sustained in the course of or in connection with my child's participation in the camp, whether or not resulting from the negligence of any person or facts or conditions that would give rise to premises liability. We agree not to bring suit on any claim covered by this waiver.

The camp may involve strenuous activities. Although a medical examination is not required for admission, you should consult with your child's physician before enrolling your child.

Your child will be required to follow the instructions of the Wings Over the Rockies staff members who operate the camp. If your child does not follow instructions or if our staff members determine, in their sole judgment, that your child's behavior is disruptive or is endangering your child, other persons or property, we will call you or another contact person designated above and you will be responsible for picking your child up within one hour after the call. Depending on the severity of the problem, your child may not be allowed to return for the rest of the camp session, in which case you would not be entitled to a refund. You will be responsible for all expenses, damages or injuries caused by your child.

By registering your child for camp, you authorize Wings Over the Rockies to use photographs taken of your child while participating in camp activities for purposes of promoting its programs without compensation.

Your agreements in this form have legal consequences. Please make sure that you have carefully read and understand this entire form before signing. Your signature here also indicates you have received, reviewed, understand and will comply with our Parent Manual. You should have received an electronic copy of the Parent Manual by email.

I, _____, am the parent or legal guardian of the child named above, have read and fully understand the terms set forth above, am authorized to sign this form and agree to all terms thereof.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

All of us at Wings Over the Rockies look forward to your child having a fun and safe camp experience.

