



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

Please Print All Information Clearly

Child's Full Name: \_\_\_\_\_ Gender \_\_\_\_\_ Birth date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State and Zip: \_\_\_\_\_

Camp name(s) and location(s): \_\_\_\_\_

Camp date(s): \_\_\_\_\_

### Parent/Guardian Contact

Name(s): \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ ext \_\_\_\_\_ Cell: \_\_\_\_\_

Best Number to Call During Program Hours: \_\_\_\_\_

Employment Address: \_\_\_\_\_ City/ 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 in case a parent/guardian cannot be reached? Yes \_\_\_\_\_ No \_\_\_\_\_

You are required to provide valid ID in order to sign your participant(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 the program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parents/Guardians or Authorized Persons must come into building each day to sign the participant(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 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)\*:

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

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

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\*\*If your child will be bringing any medications to the program (prescribed OR over-the-counter), please complete the **Medication Administration Form**.

If your child will bring an inhaler to the program, please complete the **Asthma Care Plan** form.

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

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### **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 participants.

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 program 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 program, 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 program.
- (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 program 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 program, 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 program 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 program. 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 program 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 the program, you authorize Wings Over the Rockies to use photographs taken of your child while participating in the program 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: \_\_\_\_\_

Date: \_\_\_\_\_

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