



LIABILITY WAIVER AND PHOTO RELEASE

STUDENT INFORMATION

Student Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Student/Guardian Phone _____ Guardian Phone2 _____

Student/Guardian Email _____

List of approved sign-outs + Phone Numbers(for students under the age of 18) _____

EMERGENCY INFORMATION

Emergency Contact Person _____ Relationship _____

Phone number _____

Emergency Contact Person _____ Relationship _____

Phone Number _____

Physician _____ Phone Number _____

Medical Insurance Company _____ Policy# _____

MEDICAL HISTORY

Known Allergies:

Current Medications:

Conditions Increasing COVID-19 susceptibility? Yes ___ No ___ If yes, please explain:

Date of Last Tetanus Shot (if known):

Medical Conditions or other information to which a physician should be alerted in an emergency:

PHOTO RELEASE: By signing this form I grant permission for Nighthawk Naturalist School to use photos of myself or the participant taken during courses for outreach, including Instagram, Facebook, website, and print and web ads.

Participant Name (printed) _____ Date _____

Participant (or guardian) Signature _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT: I, the undersigned, acknowledge and fully understand that there are many risks, hazards, and dangers inherent in the activities sponsored by Nighthawk Naturalist School, including, but not limited to:

Insect stings and bites, falling trees, extreme weather conditions, dehydration, burns, knife cuts, scrapes, bruises, falling injuries, sunburn, and many other wilderness hazards which can lead to personal injury, and loss of life or damage to property. I hereby assume all risks of injury to the participant below and loss of life or damage to property arising out of participation in such activity, and I agree to indemnify and hold harmless Nighthawk Naturalist School and its officers, faculty, instructors, agents, and employees from and against all claims, including cases of negligence, arising from any occurrence causing damage or injury to the participant below or their personal property.

I have read and understand the terms and conditions of this Release, Waiver, and Indemnity, and I agree to subscribe to them. *Nighthawk Naturalist School considers all information contained herein as private and confidential and does not share any information contained herein for any reason except in the case of an emergency where information may be needed by first aid providers, EMTs, and/or hospital staff/doctors/nurses.*

Participant name (printed) _____ Date _____

Participant (or guardian) Signature _____

Legal Guardian Name (printed) _____

Parent or legal guardian signature required if participant is less than 18 years old



COVID-19 Liability Release Waiver for Participants

Due to the 2019-2021 outbreak of the novel Coronavirus (COVID-19), our business is taking extra precautions with the care of every participant to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

Symptoms of COVID-19 include: • Fever • Fatigue • Dry Cough • Difficulty Breathing

I agree to the following:

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not traveled outside of the country or to any city considered to be a "hot spot" for COVID-19 infections within the past 30-days.
- I understand that Nighthawk Naturalist School cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

Our business is following these enhanced procedures to prevent the spread of COVID-19:

- Requiring all participants and/or guardians to read our COVID-19 Risk Management Plan, adhering to the expectations therein.
- Monitoring employee and participant symptoms and keeping those who exhibit symptoms at home.
- Providing hand sanitizer to participants during programs.
- Following Oregon Health Authority Guidelines that apply to our programs.

By signing below, I agree to each statement above and release Nighthawk Naturalist School from any and all liability for unintentional exposure or harm due to COVID-19. I also acknowledge that I have read and understand Nighthawk Naturalist School's COVID-19 Risk Management Plan.

Participant Name _____ Date _____

Participant (or guardian) Signature _____

Parent or legal guardian signature required if participant is less than 18 years old.