

Return to: Dan River Basin Association

Martinsville/Henry County Office
Henry County Administration Building, 4th Floor
3300 Kings Mountain Road
Collinsville, VA 24078

DRBA Forest School Participant Permission and Release

A release form must be completed and submitted for each Forest School participant.
Pre-register the participant by phone or email **before the deadline (September 24th)**. The
program is free, but space is limited to 15 children between the ages of 3-7 years and no late
applications will be accepted.

Please Print

Participant's Name _____ Date of Birth _____

Male Female

Parent/Guardian Name

Address

Phone Home () _____

Cell () _____

Employer _____

Work () _____

Email

Emergency Contact Name and Relation

Emergency Contact Phone () _____ ()

Physician's Name _____ ()

Any allergies, special needs or special dietary needs?

Immunizations current? Yes No

Please check lines to indicate your agreement:

_____ My child is physically fit and able to participate in Forest School activities.

_____ My child has permission to participate in any Forest School activities under supervision of DRBA staff. My child can participate in recreational activities provided during the program. Some of these activities may require additional waivers from providers or outfitters. I will receive a program itinerary and additional waivers prior to the start of Forest School. My child has permission to walk on Philpott Lake property and trails under supervision of DRBA staff for outdoor activities and/or to have lunch.

_____ I will participate in the activities with my child on Forest School at Philpott Lake.

_____ I do not plan to participate in the activities with my child on Forest School.

Authorized adults that can pick-up my child include:

1) _____ 2) _____

_____ My child will abide by the rules and regulations of the DRBA and obey the direction of DRBA's staff. I will be notified if there are discipline problems and understand that s/he can be dismissed from Forest School.

_____ Video and/or photography may be used to document Forest School activities. I agree that the DRBA shall be the exclusive owner of the video/photography. I grant full and irrevocable consent to the DRBA and those acting under its permission or upon authority, the unqualified right and permission to reproduce, copyright, publish, or otherwise use photographic likeness.

*Please initial if you **DO NOT** give permission for video/photography. _____

_____ I understand that neither medical nor health insurance coverage is supplied by the DRBA and that the participant is responsible for all insurance coverage.

_____ I authorize VMNH to arrange any emergency medical care in the event I cannot be reached.

I release from liability, and promise not to sue the Dan River Basin Association, the Virginia Museum of Natural History, Philpott Lake US Army Corps of Engineers, or the officers, agents, or employees of either, for the injury or property damage that I may suffer while participating in the program in any way, unless such injury or property damage is caused by the gross negligence or intentional misconduct of the DRBA.

Signature of Parent/Guardian

Signature

Date