

Informed Consent and Waiver and Release

For the following:

Field Trip Activity: **Hiking Club (Beginners)**

Location of Activity:

April 20th – -Barker Park 2375 Fruitland Dr, North Ogden, UT 84414

April 27th- North Ogden Nature Center North at 1160 N Mountain Rd, Ogden, UT 84404

May 4th-North Street and Mountain rd. Bonneville trail head

May 11th -Rainbow Loop 1851 Valley Dr, Ogden 84401

Description of Activity: *The objective of these hikes is to explore our neighborhood parks and identify plants and animals living in our own community. Students will be given time to walk trails, collect items, create art, observe living things, and reflect on the natural world.*

Injury may result from your participation in the **Hiking Club (Beginners)**. You are expected to familiarize yourself with the activity, what is required, and the rules of conduct for the activity. You are expected to wear appropriate safety equipment and follow proper operating procedures, including safety procedures as outlined by the coordinator, plus any directions given by an authorized person.

I, _____, acknowledge that I have familiarized myself with the activity and what is required, wear appropriate safety equipment, including a helmet, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by and authorized person.

(Signature of Participant)

The undersigned, the legal guardian of the above identified participant, in consideration of participant's participation in the activity do hereby agree to this waiver and release.

I recognize that participation in the activity may involve moderate to strenuous physical activity and may cause physical and/or emotional distress to participants. There may also be associated health risks. I state that participant is free from any known heart, respiratory or other health problems that could prevent participant from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for the costs of any emergency or other medical care that participant receive. I agree to release the School, the State of Utah, the sponsor of the activity and their agencies, departments, officers, employees, agents, and volunteers from the cost of any medical care that participant receives as a result of participation in the activity.

I further agree to release the School, the State of Utah, the sponsor of the activity, and their agencies, departments, officers, employees, agents, and volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of participant's participation in the activity. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

Consent

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I have carefully read and understand the contents of the foregoing language, and I specifically intend it to cover participant's participation in the above-referenced activity.

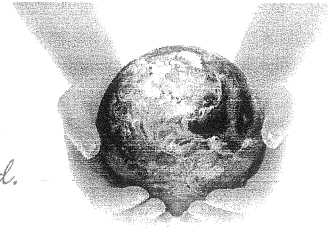
Name _____ Date _____

Signature of Parent/Guardian _____

MARIA MONTESSORI

A C A D E M Y

education for a better world.



YOUTH SPORTS MEDICAL INFORMATION AND RELEASE FORM

Player's Name _____ D.O.B. _____
Father's Name _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____
Mother's Name _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____
Emergency Contact _____ Phone _____

MEDICAL INFORMATION:

Family Physician's Name _____
Phone _____ Address _____
Allergies and/or Medical Conditions (list): _____
Medications (list): _____
Date of Last Tetanus booster _____
Person Responsible for Charges (if different then from above) _____
Insurance Company _____ policy # _____

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in athletic activities. MMA does not take responsibility for death, or injuries a player or participant may suffer while participating in any sport, club or extracurricular activity. Students play or participate at their own risk.

I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

NOTE: No information will be given out unless needed in an emergency.

MMA Parent Hiking Club Contract

In recognition of my child being accepted to participate with the MMA Hiking Club, I (we) agree to read and follow the standards listed below. Please initial each item, sign at the end, and return to the coach, athletics director, or appropriate volunteer.

Initial Here:

_____ I will transport my child to the trail head for hikes at the designated time

_____ I will pick up my child from hikes at the designated time

_____ I will provide healthy snacks and water for the hike.

_____ I will provide my child with appropriate clothing for the hike and pack to carry their snacks water and any other necessary items.

_____ I understand that MMA is not responsible for lost/stolen/damaged items brought on the hike

I have read and agree to comply with the terms of this Parent Contract. I understand that if I do not comply to the terms stated above, my child's name may be removed from the MMA Hiking Club roster and will not be allowed to participate in hikes or other club activities.

Signature of Parent(s)/Guardian(s): 1. _____ 2. _____

Date _____

Date _____

MMA Hiking Club Contract

HIKING CLUB MEMBER'S NAME: _____ CLUB LEVEL: _____

Each club member must read the policies contained in the club member Contract and initial and sign where indicated to acknowledge the club member's understanding and acceptance of these policies. The form must then be returned to the club leader at the first club meeting. This contract will be kept on-file for the duration of the club season.

Initial Here:

____ I understand and accept the importance of hike attendance and will make every reasonable effort to attend all scheduled club hikes.

____ I understand and accept that it is my responsibility: (1) to learn and abide by the rules of the club I am participating in; (2) to ask questions of my club leader or others for clarification when necessary; and (3) to use all equipment in the proper manner.

____ I understand and accept that I must abide by the MMA Behavior Policies on or off the hikes.

____ I understand and accept that MMA requires that an atmosphere of good citizenship must be maintained during all hikes and misconduct will not be tolerated. Disciplinary actions may be enforced by Club leaders, the School Director, or the Athletics Director.

____ I understand that I am responsible to supply, care, and transport my own gear, snacks, and water.

____ I will show respect for all living things and commit to help protect the natural world. This includes respecting any wildlife we come in contact with, and respecting their habitats.

____ I understand that the MMA prohibits the use of illegal drugs, tobacco, performance enhancing drugs and alcohol by club members participating in any school club event, INCLUDING TRAVEL TO AND FROM THE EVENT. Any violation of this rule will result in immediate suspension and possible expulsion. A club member in the company of another player who is openly violating this rule also will be considered in violation of this rule and subject to suspension/expulsion from the club.

I, the undersigned, have read and agree to comply with the terms of this club member Contract. I agree that if I am removed from my club's roster for disciplinary reasons, I will not be entitled to any refund of fees paid to the team.

Signature: _____

Date: _____