

Blackthorn-USA



PLEASE NOTE: Because of the ever-changing nature of medical and other requested information, we require that a **new** form be completed for each course you attend.

Course Registration Form for Minors

Course Name: _____ Course Date: _____

Student's Name: _____ Nickname _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work): _____ (cell): _____

Male Female E-mail _____ Age _____

Guardians Personal Information

Parent/Guardian _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work): _____ (cell): _____

Email address: _____ Age _____

Previous courses attended with us, other schools, or relevant experience:

PHOTO/VIDEO RELEASE:

By signing below I hereby grant free permission for Blackthorn-USA to use still or motion picture images of my child participating in their courses or events for outreach purposes, including but not limited to electronic or print materials, or print or broadcast media. No, I do not wish to grant a photo release.

Note (Please consider granting this release to us if at all possible, as our ability to successfully share our courses with new participants depends on having representative photographs and video.)

Please **do not** add me to the Blackthorn-USA mailing list: (Your info will never be shared or sold.)

MEDICAL CONDITIONS:

If your child has any personal medical condition or problem that Blackthorn-USA should be aware of, it is your responsibility to acquaint us with the existing condition both in this form as well as at registration for the course. The information will be held in confidence and used only to render proper assistance should the need arise.

1. Does your child wear: contact lenses/glasses? _____ or hearing aid? _____

2. Does your child have asthma? _____ If so, do you have medication? (specify): _____

3. Does your child have a heart condition or activity restrictions? _____ If so, please describe their limitations, medication (if any) and history:

4. Does your child have any special needs that we should be aware of that may affect his/her participation in the course (eg. Fears, Second language, ADD, Asbergers...)? Please explain.

5. Does your child have any physical disabilities or limitations that could become a problem on this course? _____ If so, please describe the disability, limitation and history:

6. Is your child currently under the care of a medical professional? _____ If yes, please explain.

7. Is your child currently on any medication? _____ If so, please list the specific medication, condition prescribed for and any known negative drug interactions:

8. Does your child have any other condition that we should be aware of that may endanger, alter, or somehow limit his or her ability to participate in our courses? Please describe in detail:

9. Does your child have any allergies? _____ If so, please give specific reaction to each, degree of sensitivity (10 being deathly allergic and 1 being mildly) and specific allergen:

- 1.) Medication (i.e. penicillin, aspirin):
- 2.) Insect bites (i.e. wasps, bees):
- 3.) Foods (i.e. peanuts, chocolate):
- 4.) Plants:
- 5.) Other:

10. Does your child use medication for allergic reactions? _____ If so, what do you use? _____

Note: (We do request that if your child does have anaphylactic allergic reactions that you send medication to counter it appropriately with them - i.e. EpiPen or AnaKit).

11. If the course your child is registering for includes meals, are they Vegan? _____ Vegetarian? _____ Or other dietary concerns we should know about? _____

Date of last tetanus booster: _____

In the event of a medical emergency is there any additional medical history or problems we should be aware of?

INSURANCE INFORMATION: (If you have no insurance please check here)

Name of Health Insurance Carrier: _____

Contact information: _____ Phone: _____

Group #: _____

Plan Number #: _____

Primary Physician: _____ Phone: _____

You must complete this form prior to participating in any Blackthorn-USA courses.

YOUR NAME X _____ DATE _____
(Please Print)

We will contact you to confirm we have received this registration form.
Please Send My Confirmation by Postal Mail e-Mail
(Check one of the above)

**RELEASE, INDEMNIFICATION AND WAIVER FORM:
FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**



In all courses, events and excursions conducted by Blackthorn-USA reasonable care is taken to prevent serious injuries and minimize accidents. Blackthorn-USA courses deal with wilderness skills, activities and areas. By their designation as wilderness areas, these locations cannot be guaranteed as safe, nor can their naturally changing conditions be predicted at any point in time. These dangers cannot be eliminated without eliminating the wilderness itself. Blackthorn-USA instructors are trained in dealing with emergency situations and will strive to safeguard your child's physical and psychological well being at all times. As the parent or guardian of the minor child named below, I am fully aware of these risks, and realize that injuries are a possibility no matter how attentive a caregiver or counselor may be. I accept the full responsibility for any such damage or injury of any kind that may result from the actions of the minor child enrolled in this course.

IN CONSIDERATION of being permitted to participate in any way in the classes, course and activities offered by Blackthorn-USA, I hereby assume all risks of injury and death to my child and loss of or damage to property arising out of my child's participation in such activity and I agree to indemnify, hold harmless Blackthorn-USA, its officers, instructors, agents, and employees ("Releasees") from and against all claims arising from any occurrence causing damage or injury to my child or to any party participating in said event or any third parties injured as a result of my child's actions. I also confirm that by signing as a Parent/Guardian, I release, waive and discharge the Releasees for all claims any parent of my child might have as a parent or guardian for injury to a child for whom I have signed. I further agree to repair or reimburse Blackthorn-USA for any and all damages that my child causes to Blackthorn-USA property or the property at which a specific activity is held.

In the event of an emergency, I understand that Blackthorn-USA will do all in their power to reach me and/or the emergency contacts I have provided. In the event that I cannot be located immediately, my signing below grants permission to Blackthorn-USA and its representatives to provide for the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized medical staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.

Child's name: _____ **Date:** _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Releasee but also to release and indemnify the Releasee from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Prior to signing below, I have read and understand the terms and conditions of this Release, Indemnification, and Waiver. I understand by signing below I am waiving substantial legal rights I may have against the Releasees, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE #(S)

X _____
PARENT/GUARDIAN'S PRINT NAME

Date Signed: _____