



**Marin Treks Natural History Museum Classes and Excursions
1559 H South Novato Blvd, Novato, CA 94947 415-250-0988**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY
AGREEMENT/MEDICAL TREATMENT CONSENT AND REGISTRATION FORM**

****ALL PARTICIPANTS NEED TO HAVE THIS LIABILITY WAIVER SIGNED, IN ORDER TO PARTICIPATE IN ANY NATURAL HISTORY PROGRAM. MINORS MUST HAVE FORM SIGNED BY A PARENT OR A COURT APPOINTED LEGAL GUARDIAN. ALL FORMS NEED TO BE SIGNED PRIOR TO THE START OF THE PROGRAM. NO EXCEPTIONS!****

In order for us to process your registration(s) you must sign the Liability Waiver/ Medical Treatment Consent after you have read and agreed to the terms. Registrations where the waiver/consent has been altered will not be processed.

BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, PROPERTY DAMAGE OR DEATH.

Participant			
First Name:		Last Name:	
Birthdate: Age:		School:	Room #: Grade:
Program Name(s)/Date(s):		Adult(s) authorized to pick up child after program:	
Parent/Legal Guardian			
Adult Name:		Adult Name:	
Address:		Address:	
City/State:		City/State:	
Zip code:		Zip code:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Email:		Email:	
Emergency Contact			
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Home PH:		Home PH:	
Cell:		Cell:	
Relationship:		Relationship:	

Medical Information

Is your child disabled No Yes If yes, are accommodations needed?

Do we have permission for your child/ward to receive emergency medical treatment if needed? No Yes

Health Insurance:	ER Preference: In emergency will go to nearest ER
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Doctor:	Phone:	Dentist:	Phone:
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List All Allergies And Reactions

1.

2.

List All Chronic Or Recurring Illnesses

1.

2.

List All Medications Being Taken

1.	2.	3.
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In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications to and for my child. Medical providers are authorized to disclose to the leader in charge examination findings, test results, and treatment provided for the purposes of medical evaluation of the participant, follow-up, and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

The Above Information Is Accurate and Complete

Parent/Legal Guardian Signature:	Date:
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On behalf of myself, my personal representatives, heirs, next-of-kin, spouse, or assigns, I hereby:

In consideration for my and/or my family members' wards participation in Marin Treks program(s) that I wish to register for, I voluntarily RELEASE MARIN TREKS INC. AND ITS AGENTS, EMPLOYEES AND VOLUNTEERS (hereinafter referred to as "RELEASEES") from any and all liability for injuries or death or property damage to me and/or my family members resulting from, arising out of, or in any way connected with my and/or any of my family members' participation in Marin Treks Inc. programs or use of public/private trails, public/private roads, streets, freeways, expressways, beaches, lakes, rivers, creeks, ponds, pools or any body of water (regardless of size or depth), mountains, hills, or facilities in connection with this release. I understand that this WAIVER and RELEASE is applicable even though the negligent activities of the RELEASEES may have contributed to the to the injury or death or property damage suffered by me or any of my family members participating in these/any Marin Treks programs. I further agree to INDEMNIFY and HOLD HARMLESS the RELEASEES from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney, expert witness fees and court costs) resulting from, or in connection with participation in this/these program(s) whether caused by any negligent act or omission of the RELEASEES. This release benefits Marin Treks Inc., doing business under its own name or any other name and/or any of its owners, officers, employees, volunteers, and agents for any loss, liability, damage, or cost whatsoever arising out of or related to any loss, damage, or injury (including death) to my/child's/wards/spouses person or property. I further understand that minor or serious accidents may occur in route to, during the Marin Treks Inc. program(s), or leaving the Marin Treks Inc. program(s) that I am registering myself, spouse, or child/ward for, those participants in this/these program(s) may sustain mortal or serious personal injuries, and /or property damage, as a consequence of their traveling to or participation in this/these program(s). The risks include but are not limited to vehicular accidents, falls, extremity sprains/ breaks/fractures, cuts/scrapes/scratches, bruises, rashes, insect stings/bites, reptile bites, broken or fractured bones, diseases acquired from insect stings or bites, and animal bites.

Knowing the risks of said event, nevertheless, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS TO THE FULLEST EXTENT ALLOWED BY LAW ALL OF THOSE PERSONS MENTIONED ABOVE WHO THROUGH PASSIVE OR ACTIVE NEGLIGENCE OR CARELESSNESS MIGHT OTHERWISE BE LIABLE TO ME, MY SPOUSE, OR MY CHILD/WARD FOR DAMAGES.

I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for me, my spouse, or my child/ward in case of illness or accident during such program(s). In the event of injury of a child/ward/participant, and if a parent cannot be reached, the 911 Emergency Medical System will be contacted to transport the injured to the NEAREST HOSPITAL.

By signing this release, the undersigned understands and agrees that photographs may be taken during the programs and the undersigned hereby gives permission to have his/her/minor child's photo taken and authorizes the use and reproduction of said photos by Marin Treks Inc. All photos and negatives taken at any program become the sole property of Marin Treks Natural History Museum and may be used for promotional handouts and on our website. If the participant(s) is a minor under the age of 18, his/her parent or legal guardian authorizes the use of the photos as stated above.

BY MY SIGNATURE BELOW I ACKNOWLEDGE AND SIGNIFY THAT I AM THE CHILDS BIOLOGICAL PARENT/COURT APPOINTED LEGAL GUARDIAN. I AND THE CHILDS OTHER PARENT(S)/Legal Guardian (s) SIGNIFY THAT WE HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREEE TO BE BOUND BY EACH OF THE TERMS STATED ABOVE AND PROMISE NOT TO SUE FOR ANY AND ALL CLAIMS. BY MY SIGNATURE I AM VOLUNTARILY AGREEING TO THESE TERMS FOR MYSELF IF I CHOOSE TO PARTICIPATE.

Parent/Legal Guardian Signature	Relationship to Participant	Date