## Camp Waiver Form 2018

## Pioneers Park Nature Center, Lincoln Parks and Recreation

Complete one form for each camper. Please print clearly.

Camper's Name			_ Date of Birth	Gender
Parent/Guardian Name		Relationship		
Address	City		_ State	Zip
Fmail			Phone	
Email	ently to ensure the receipt of important	t camp correspon	dence.	
EMERGENCY CONTACT DURING CAMP HOURS	S:			
			Dhana	
First and Last Name	Relationship to Chi	ld	_ Pnone	
Alternative Contact in case of emergency:				
			Phone	
First and Last Name	Relationship to Chi	ld		
HEALTH INFORMATION				
Doe	s your child have allergies?	YES	NO 🗌	
Does your child have medical conditions (	(i.e. asthma, diabetes, etc.)?	YES	NO 🗔	
Will your child need to take n	nedications while at camp?	YES	NO 🗔	
If you answered YES to the previous ques	·			to camp
This form will be sent to you. Please indica	,		EMAIL	to camp.
·	,			
Are there any other special needs or other				•
your child have a successful experience? P	lease explain			
WARNING OF RISK, WAIVER AND RELEAS			Y PIONEERS PA	RK NATURE CENTER,
LINCOLN PARKS AND RECREATION (Please	•		. I further acknowl	ledge that if any
information changes, it is my responsibili	ty to submit a new waiver form			
For and in consideration, the undersigned	d parent(s) or guardian(s) of the	participant in	this program, I/w	e recognize and
acknowledge that there are certain risks or loss which the undersigned or my min	or child/ward may sustain as a i	result of partic	ipating in any and	all activities connected
with or associated with such program. I/v City of Lincoln and the Parks and Recreati	ve do hereby declare that I/we v ion Department, its officials, off	waive all claim	s of whatsoever ki emplovees, and vo	nd or nature against the Junteers from any and all
claims arising from injuries, including dea	ath, damage or loss which I/we	or my minor cl	hild/ward may inci	ur or may accrue to me
or my minor child/ward on account of pa harmless and defend the City of Lincoln a	and the Parks and Recreation De	epartment, its	officials, officers, a	gents, employees, and
volunteers from any and all claims resulti my minor child/ward or resulting of this p				
All Claims, and understand the effect of the			above warming or i	tisk waiver and helease of
FIELD TRIP/TRANSPORTATION PERMISSI	ION			
I/we authorize the City of Lincoln and the by vehicular transportation, walking, or b				
PHOTO RELEASE	J J ,	9.		
I/we also allow the City of Lincoln and the	Parks and Recreation Departm	nent to take pl	notos and/or video	os of my minor child/ward
during any of the activities of this program	m, for future publication, educa	ition and/or m	arketing purposes	including social media.
Signature of Parent/Guardian			Da	ate

\*\*Placement in camp will not be secured until registration & waiver forms along with enrollment fees are submitted.\*\*

Send to: Pioneers Park Nature Center • 3201 S. Coddington Ave. Lincoln NE 68522 • naturecenter@lincoln.ne.gov • 402. 441.7895