



Audubon

Dogwood Canyon
Audubon Center

_____, _____
Participant's Name (Last, First)

**ENVIRONMENTAL STEWARDSHIP SUMMER CAMP 2022
AT DOGWOOD CANYON AUDUBON CENTER
PARTICIPANT REGISTRATION**

Participant's Information – Complete a separate form for EACH participant attending camp

Participant's Full Name (First, Last):		
Gender Identity:	Date of Birth:	Has this participant attended camp at Dogwood Canyon before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Age (as of June 1, 2022):		Grade completed in the 2021-2022 school year:

Primary Parent/Guardian Information

Primary Parent/Guardian Full Name (First, Last):	
Email:	
Primary phone: (____) _____ - _____ Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary phone: (____) _____ - _____ Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
Street Address:	
City, State Zip:	
Relationship to Participant:	

Secondary Parent/Guardian Information (optional)

Secondary Parent/Guardian Full Name (First, Last):	
Email:	
Primary phone: (____) _____ - _____ Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary phone: (____) _____ - _____ Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
Street Address:	
City, State Zip:	
Relationship to Participant:	



PARTICIPANT INFORMATION FORM

Participant's Information – Complete a separate form for EACH participant attending camp

Participant's Full Name (First, Last):
Preferred Name or Nickname (optional):

Emergency Contacts:

In case we are unable to reach the Parent(s)/Guardian(s) on page 1, who should we contact?

Please provide **TWO** emergency contacts who are **NOT** parents/guardians listed on page 1.

Full Name (First, Last)	Phone Number(s)	Relationship to participant

Pick-Up Authorization:

Please list ALL persons authorized by you to pick up your participant from camp, including parents, grandparents, siblings, baby sitters, etc. First and last name must be provided as well as phone numbers and relationship.

ALL PERSONS LISTED MUST BE AT LEAST 18 YEARS OR OLDER.

Full Name (First, Last)	Phone Number(s)	Relationship to participant

Are there any individuals to whom we should be aware that the participant should **NOT** be released to? ☐ Yes ☐ No

If YES, please list names: _____

Health Information:

Participant is under the care of a physician for the following conditions: _____ _____
Current treatment(s) and/or medication(s): _____ _____
Will participant bring an asthma inhaler to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will participant bring an EpiPen to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge is the participant able to safely participate in all camp activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain any restrictions: _____ _____ _____ _____



PARTICIPANT INFORMATION FORM (Continued)

Health Care Providers

Provide names and contact information for primary care physician and any other doctors that may need to be reached in case of an emergency.

<u>Type of Doctor</u>	<u>Name</u>	<u>Phone Number</u>

Allergies

<u>Allergen</u>	<u>Reaction</u>	<u>EpiPen prescribed?</u>
<input type="checkbox"/> No known allergies	N/A	N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Dietary Restrictions

Meals are not provided at camp. This information is requested in the event that snacks are offered.

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Lactose Intolerant |
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Food Allergy _____ |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Other _____ |

Health History

Describe any challenges your child faces, such as autism, speech or hearing difficulties, physical limitations or behavioral issues, etc. In addition to diagnosed medical issues, describe behaviors and concerns that will help us better understand your child and better help her adjust to camp and keep him/her safe. Examples: triggers that may cause certain behaviors, the tendency of a participant to run from a group, emotional sensitivities, shyness, trouble transitioning, things going on at home.

What are strategies that you use to help your participant cope? Please provide tips other relevant information that we can use to help your participant.



OVER-THE-COUNTER MEDICATION CONSENT FORM

Participant's Full Name (First, Last):

If your participant should need any of the following items, we must have your written permission in order to provide. Indicate below whether each item may be provided to your participant.

Please note that camp staff will not apply any topical treatments. Your participant must be prepared to self-apply treatments.

Hydrocortisone Cream	<input type="checkbox"/> Yes <input type="checkbox"/> No	Children's Benadryl	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sunscreen (SPF 50)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Baby/Children's Tylenol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insect Repellent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Calamine Lotion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bacitracin Ointment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrogen Peroxide	<input type="checkbox"/> Yes <input type="checkbox"/> No

I give the Dogwood Canyon Audubon Center staff permission to provide my participant any item to which I have marked "yes" above.

Parent/Guardian Signature: _____

*If there is NO signature we will **not** be able to provide any of the above items mentioned*

Date: _____



MEDICATIONS FORM

Participant's Full Name (First, Last):

- Prescription medication must be in the labeled original container by the pharmacist or prescriber.
- DO NOT pre-dispense, place in a daily pill holder, wrap in outer materials, or ask us to dispense by other than doctor's orders.
- Please be specific with any variation or conditions association with "as needed."
- Non-prescription medication must be in the original container with printed instructions for use. Non-prescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.
- All medications (with the exception of asthma inhalers) will be kept in the possession of Audubon.
- Participants must seek out a camp counselor and request medication at the appropriate time.
- Medications will only be released to adults. Medications left with Audubon for more than ten (10) days after the conclusion of camp will be discarded.

Please list all medications that your participant will bring to camp.
This includes asthma inhalers, EpiPen, over-the-counter and non-prescription drugs.

Medication	Reason Taking	Dosage	Time to be Administered

Copy this page as needed for additional medications

Parent/Guardian Authorization

I request authorized staff with Audubon to provide my participant with the medications stated above. I certify that I have legal authority to consent to medical treatment for the participant named above, including the administration of medication. I understand that at the end of the camp, an adult must pick up the medication; otherwise, it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. I confirm that, if the medication above is a prescription medication, the participant has at some point taken the medication prior to attending camp.

Parent/Guardian Signature: _____ Date: _____

Primary Phone: _____ Alternate Phone: _____

Alternate Phone: _____ Alternate Phone: _____



POLICIES AND GUIDELINES

National Audubon Society, Inc. dba Dogwood Canyon Audubon Center ("Audubon") is dedicated to providing a safe, active, and exciting recreational experience for your child during camp. These policies and guidelines are to ensure all participants, staff, and other entities the maximum level of safety.

Camp Location and Contact:

Dogwood Canyon Audubon Center
1206 W. F.M. 1382
Cedar Hill, Texas 75104
(469) 526-1980 (answered 9:00a to 5:00p)
Email: dcac@audubon.org

Who and When to Call

- If you need to report an absence or have an emergency outside of phone hours of 9:00a-5:00p, please call the mobile number of our Camp Manager – Katie at (518) 774-5859, or our Center Director – Julie at (214) 766-9176. Phone calls only, no texts. Leave a message if you get voicemail.
- If you have questions or concerns about payment or registration, call Dogwood Canyon Audubon Center at (469) 526-1980.
- If you have questions, comments or concerns about anything else, including camp logistics, staffing, structure, field trips, or volunteer opportunities, contact Julie Collins at (469) 526-1991 or jcollins@audubon.org.

Parent Responsibilities:

- Fill out all registration forms completely.
- Parents must provide updated information to Audubon as needed.
- Pay all fees and expenses timely.
- Read all communications distributed to parents/guardians regarding Camp.
- Inform staff of any changes or incidents in the home which may result in a change in behavior or attitude.
- Listen to concerns of camp staff regarding your participant(s) and work out an agreeable solution with staff.
- Discuss any concerns with the Camp Manager.
- Review the **Behavior Policy and Disciplinary Action** section with your child. Discuss the importance of all participants demonstrating appropriate behavior and respect for themselves as well as others. Participants may be suspended or dismissed from camp without a refund if the Behavior Policy is not followed. If a participant is suspended or dismissed from camp, the parent(s)/guardian(s) will be called and required to pick up their child **within one (1) hour**, or by the pickup deadline, whichever is earliest. **Refunds will not be provided.**

Registration and Fees:

- Audubon will contact the parent/guardian for a payment to be made via credit card over the phone.
- Participants are not considered registered until registration fees are paid in full. Space is limited and will only be assigned to participants upon payment of registration fees.
- All fees paid are non-refundable and non-transferrable. No exceptions.
- Registration forms must be completed and returned to Audubon no later than the Friday prior to the week of enrolled camp.

Eligibility:

- Participants must be no younger than 12 years of age and no older than 15 years of age as of June 1, 2022.
- All participants must have completed the sixth grade level of school before camp.

Drop Off:

- Participants may be dropped off **beginning** at 8:15 a.m.
- All camp participants should **arrive no later than 8:30 a.m.** Late acceptance of the participant into camp will be decided on a case-by-case basis due to daily fluctuations in the camp schedule and transportation logistics.
- Late drop-offs and early pick-ups are not allowed at off-site locations.
- Audubon reserves the right to decline acceptance of any participant that was not dropped off by 8:30 a.m.



Pick Up / Late Pick Up Fees:

- Participants will be released only to individuals of at least 18 years of age who are authorized for pick up.
- For your participant's safety, camp staff has the right to refuse dismissal of a participant to any person who is not coherent at the time of pick up.
- Late drop-offs and early pick-ups are not allowed at off-site locations.
- **Parents/guardians should not expect to pick up participants earlier than 12:00 p.m. (noon) except in cases of illness or disciplinary action.**
- **Participants must be picked up no later than 12:30 p.m.** A late pick-up fee will be assessed for each participant that has not been picked up by 12:30 p.m. Fees will be assessed for each participant until such time that the participant has been picked up, or released to police or state custody, as follows:
 - A total fee of \$25 for pick-ups between 12:31p and 1:00p (or up 30 minutes late);
 - A total fee of \$50 for pick-ups between 1:01p and 1:15p (or up to 45 minutes late);
 - A total fee of \$75 for pick-ups between 1:16p and 1:30p (or up to 60 minutes late)
 - A total fee of \$200 for any child that has not been picked up by 1:31p. **Also note that if a participant has not been picked up by 1:31p, Audubon may contact the Cedar Hill Police Department and the child may be turned over to police or state custody. Our fees increase due to increased use to Audubon staff time.**
- All late pick-up fees incurred must be paid immediately. Participants will not be able to return to camp if the late fee is not paid.
- Parents/Guardians are responsible for informing all adults approved for pick-up of these policies and ensuring that participants are picked up timely. Late pick-up fees are assessed to the parent(s)/guardian(s) registering the participants, regardless of the person to whom the participant is released.

Health/Medical:

- If your participant's health or medical status changes after registration, you must provide updated relevant information.
- Make alternate care arrangements if the participant is ill. Do not bring any participant to camp that has had a temperature of 100.4 degrees or higher, or has vomited, had diarrhea, drainage of the eye, green drainage of the nose, or been exposed to or infected with any infectious disease (coronavirus, chicken pox, mumps, strep throat, pink eye, etc.) within the 24 hours prior to drop off. Participants must be symptom-free for a full 24 hours before returning to camp.
- If a participant exhibits any of the symptoms listed above, the parent(s)/guardian(s) will be called and required to pick up their participant(s) **within one (1) hour**, or by the pickup deadline, whichever is earliest.
- All medications will be kept in the possession of camp staff. In order for medications to be accepted, the Medications Form must be completed. Participants are responsible for taking medications at the appropriate times by seeking out a camp counselor and requesting the medication. Audubon is not responsible for timely administering medications to participants.
- When camp participants have been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the parents shall be notified in writing within 24 hours or the next business day of camp, unless forbidden by law, except for life threatening diseases which must be reported to parents immediately.

COVID-19 Protocols:

- Participants should bring at least two face masks to camp each day.
- During most of our camp time, participants will not be required to wear face masks, but may choose to do so. Examples of times when participants may be required to wear masks are:
 - When in close proximity to others indoors and social distancing cannot be maintained
 - Riding in our van
 - When required by any facility we visit
- If a participant tests positive for COVID-19 or is exhibiting symptoms of COVID-19, they will not be able to return to camp. No refunds will be provided.
- If a participant becomes sick (runs a fever, experiences diarrhea, or is vomiting) but does not exhibit other symptoms of COVID-19, the participant must not return to camp until all symptoms of illness have subsided for at least a full 24-hour period.
- Audubon will not require COVID testing or temperature checks.
- Participation requires an adult signature on a liability waiver.



Refund Policy and Protection Plans:

Refunds will not be provided on any fees or registration. Please consider purchasing a protection plan through a third party. If you choose to purchase a protection plan, you may do so through any company or organization offering a policy that fits your needs. Audubon does not make any specific recommendations for third-party providers. Audubon does not require that a protection policy be purchased. Should you purchase a policy, please note that Audubon is not affiliated with the provider, does not process claims, does not provide advice regarding claims or policies, and does not make decisions on claims.

Camp Dress Code and Personal Property:

This camp includes field experiences such as outdoor hiking and service projects. The potential exists for participants to be exposed to outdoor hazards, including but not limited to thorns, tripping hazards, biting and stinging insects, tall grass, poisonous plants, and sun exposure. Participants should dress appropriately for weather conditions and daily activities. Audubon recommends that participants wear clothing that can get dirty, stained, or torn.

- Participants should wear cool, comfortable clothing that is also protective.
- Dress code:
 - Sturdy, closed-toe shoes (no sandals or flip-flops)
 - Hats, sun visors, sunglasses
 - Short sleeve or longer sleeve shirts (no tank tops or spaghetti straps)
 - Long trail pants (not denim) will be preferred on days that include certain field experiences. Camp staff will communicate this information as needed.
 - Two face masks (in case one becomes saturated or soiled)
- Audubon also recommends that participants bring:
 - A change of clothes for emergencies
 - A second pair of shoes in case shoes become wet or muddy
 - Small daypack
 - Deodorant
 - Sunscreen
 - Insect repellent
 - Reusable water bottle
 - Snacks, if desired (no meals are provided)
 - Participants may bring money, if desired, but will be responsible for managing spending and keeping it safe. We recommend not bringing an amount of money that would be a hardship to lose.
- The following items, or similar, are not permitted at camp:
 - Weapons, including pocket knives
 - Electronic devices
 - We understand that participants may bring cell phones to camp. However, phones will be held in a secure area unless participants are using the device in a learning experience, such as using the iNaturalist app.
 - Any illegal substances or items

Audubon is not responsible for loss or damage to personal property.



Behavior Policy and Disciplinary Action

Appropriate behavior is expected from all participants, members and observers.

Bullying Policy:

Bullying is inexcusable. Audubon has a firm policy against all types of bullying. Each participant is expected to treat other participants with respect, and to help each other achieve the best possible experience. If a participant has difficulty meeting this expectation, parents may be called upon to assist. All incidents of bullying will be addressed in a serious manner.

Behavior Guidelines:

Please review our behavior policy with your child prior to camp.

We expect participants to act respectfully at all time when they are on our property or participation in our programs. Participants are to behave in a mature, responsible way and respect the rights and dignity of others.

- Participants are expected to take responsibility for their actions.
- Participants are expected to respect themselves, each other, camp equipment and the environment.
- Honesty will be the basis for all relationships and interactions.
- Participants are expected to be respectful of individual differences, especially in respect to equity, diversity, inclusion and belonging.

Participants should speak to a camp staff member if they are uncomfortable with any experiences or need assistance while at camp.

Discipline Procedures

When a participant does not follow the behavior guidelines, Audubon will take the following action steps as behavior problems progress:

1. Staff will redirect the participant to more appropriate behavior.
2. If inappropriate behavior continues, the participant will be reminded of behavior guidelines and camp rules, and the participant will be asked to decide on action steps to correct her behavior.
3. If a participant's behavior still does not meet expectations and is affecting the experience of other participants, she will be referred to the Camp Manager and/or Center Director.
4. If inappropriate behavior continues, as a final action step, the participant may be dismissed from camp.

Examples of unacceptable behavior:

- Refusing to follow behavior guidelines or camp rules
- Using profanity, vulgarity, or obscenity
- Stealing or damaging property (personal or camp property)
- Refusal to participate in activities or cooperate with staff
- Disrupting a program
- Leaving a program without permission
- Endangering the health and safety of participants and/or staff
- Use of illicit drugs, alcohol, or tobacco, or sexual conduct of any kind
- Teasing, making fun, or bullying of other participants or staff
- Fighting of any kind

All fees are non-refundable if a participant is sent home for disciplinary reasons. Physical violence or bullying toward another camp participant or staff member will result in immediate dismissal from the camp program.



Additional Information:

- Audubon reserves the right to refuse camp admission to any participant.
- Photo Policy: Frequently, Audubon takes video or photographs of participants. These photographs and video recordings are used in publications, flyers, brochures, cable programs and other publicly-viewed methods by Audubon. These materials may be shared with program partners, are used at Audubon's discretion, and become Audubon's sole property in perpetuity.
- All staff members are hired based on a combination of education and/or child care-related experience. Each employee has his/her references validated, goes through a criminal background check.
- All fees and expenses incurred that remain unpaid five (5) business days after the conclusion of any enrolled camp program are subject to collection expenses, attorney's fees, and any other expenses incurred by National Audubon Society in collecting the outstanding debt.
- **The program is not a daycare and is not licensed as such by the State of Texas.**

Acknowledgement and Acceptance

The undersigned hereby acknowledges receipt of the Policies and Guidelines, and accepts and agrees to the terms and conditions set forth.

Parent/Guardian 1: _____

Date: _____

Parent/Guardian 2: _____

Date: _____



Audubon

Dogwood Canyon
Audubon Center

Participant's Name (Last, First)

- Page 11 -

PARENTAL AUTHORIZATION FOR TREATMENT OF A MINOR PARTICIPANT

**An original document signed by at least one parent/guardian is required to be on file for each participant.
For prompt medical treatment in an emergency, Audubon recommends that this document be signed before a Notary Public.
However, Audubon does not require that this form be notarized and leaves this choice to the parent/guardian's discretion.**

I, _____, am the parent or legal guardian of _____,
a minor participant (hereinafter "Minor Participant"). I hereby swear that my complete and correct mailing address is:

(hereinafter "Mailing Address"). Additionally, my phone numbers are as follows:

Home: _____ Work: _____ Mobile: _____

As the parent or legal guardian of the Minor Participant, I hereby authorize and appoint National Audubon Society, Inc. dba Dogwood Canyon Audubon Center, a non-profit corporation, by and through an authorized staff member, in whose care the Minor Participant has been entrusted, as my agent (hereinafter "Agent") to act for me with respect to my Minor Participant and in my name in any way I could act in person to make any and all decisions for me with respect to my Minor Participant concerning my Minor Participant's personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my Minor Participant under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My Agent shall have the same access to my Minor Participant's medical records that I have, including the right to disclose the contents to others.

Furthermore, I advise that the information provided in the Participant Information Form and Medications Form, is true, correct, and complete to the best of my knowledge, and should be provided to any physician, surgeon, or other medical provider from which treatment may be sought.

Furthermore, I have attached hereto true and correct copies of the medical/dental insurance card(s) for the Minor Participant. I understand that any institution, physician, surgeon or other medical provider that has provided treatment for the Minor Participant will file a claim with the insurance carrier. If I should receive payment for such claim, I will immediately forward the entire sum to that institution, physician, surgeon or other medical provider that has notified me of the same by mailing a copy of the claim to my Mailing Address. Furthermore, I understand that any amounts remaining unpaid after settlement of a claim are my responsibility and I hereby agree to remit the unpaid balance immediately to that institution, physician, surgeon or other medical provider that has notified me of the same by mailing a detailed invoice to my Mailing Address. I understand that I am fully responsible for payment of charges related to medical treatment provided to the Minor Participant.

Furthermore, I understand that for prompt medical treatment of the Minor Participant, the medical provider may require that this form be notarized. If I have chosen not to sign this document before a Notary Public, medical treatment may be withheld or delayed by the medical provider. Additionally, if I have provided inaccurate or incomplete insurance information, or have failed to attach copies of medical/dental insurance card(s), medical treatment may be withheld or delayed by the medical provider.

Parent/Guardian Signature: _____

Date: _____

For Notary Public Use

STATE OF TEXAS, COUNTY OF _____

This document was acknowledged before me on _____ by _____.

Notary Public, State of Texas



Audubon

Dogwood Canyon
Audubon Center

Participant's Name (Last, First) _____

- Page 12 -

RELEASE OF LIABILITY & USE OF IMAGE BY PARENT/GUARDIAN OF CHILD DURING COVID-19 EPIDEMIC

Participant's Name/*Nombre del Niño*: _____

Participant's Gender/*Género*: _____ Participant's Date of Birth/*Fecha de Nacimiento*: _____

Date of Program/*Fecha de Programa*: Summer 2021

Name of Program/*Nombre del Programa*: Environmental Stewardship Camp at Dogwood Canyon Audubon Center

Your child has been invited to participate in the National Audubon Society, Inc.'s ("Audubon") program named above (the "Program"), which may include in-the-classroom and outdoor field trip experiences. Please read the following and sign below if you approve your child's participation in the Program as described.

During the COVID-19 epidemic, Audubon's primary concern is the health and safety of staff, volunteers, and visitors to our offices, centers and sanctuaries. To avoid exposure to the COVID-19 virus, the Centers for Disease, Control and Prevention (CDC) recommends that we avoid close contact with people, except those who live with us; stay home if we are sick; wear cloth face coverings in public; wash our hands frequently; avoid touching our faces; cover coughs or sneezes with a tissue that can then immediately be thrown away; and clean and disinfect frequently touched surfaces.

We ask anyone who is feeling unwell or who has had contact with someone diagnosed with COVID-19 to stay at home until the risk for infection has passed. However, no public activity can be 100 percent safe. By participating in the Program, you accept the risk that your child may come into contact with pathogens, including the COVID-19 virus. Older adults and people of any age with severe underlying medical conditions may be at higher risk for developing serious complications from COVID-19. If you, a member of your household, or your child are in an elevated risk category, please consider attending another Program at a later date when it is safer to do so.

1. Your child's participation in the Program may involve sustained physical activity, including walking, climbing, jumping, bending, reaching, lifting light objects, and touching or handling wildlife and natural objects.

Please mark as appropriate:

_____ My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the Program.

_____ My child requires the following accommodation or assistance to participate in the Program:

You agree that your child is participating in the activity at your own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

2. Your child may produce artwork while participating in the Program. You agree that Audubon may use, reproduce, display, make derivative works, and distribute any materials your child creates while participating in the Program ("Artwork"), in any and all media, and in printed publications, and agree that Audubon may use the Artwork in connection with fundraising appeals. Audubon's license to use the Artwork shall be perpetual, royalty-free and non-exclusive.

3. Your child may be photographed, videotaped or recorded during the Program ("Recordings"). You agree and understand that these Recordings, which may include your child's image, appearance, voice, name and/or biographical material, may be made and/or produced at the Program. You hereby give Audubon permission to use, reproduce, edit, duplicate, broadcast and distribute such Recordings, in any and all media, whether now known or hereafter devised, in perpetuity.

By signing below, you expressly release and hold harmless Audubon, its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands or causes of action which you have or may have for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon's use of Recordings or (ii) on account for any loss, damage or injury to person or property suffered or incurred by you or your child, except by Audubon's gross negligence, in connection with any aspect of your child's participation in the Program or in any Program-related activity, including any transportation arranged by, paid for or provided by Audubon.

This release shall be binding upon you and your heirs, next of kin, executors, administrators and assigns. By signing below, you acknowledge that you have thoroughly read and understand this form and that the statements you have made are all true.

Parent or Guardian Signature: _____ Date: _____

Printed Name: _____

Street Address, City, State & Zip: _____