

MISSOULA OUTDOOR LEARNING ADVENTURES
2019 Participant Information & Registration

Name _____ Age _____ Birthdate _____ Gender _____ Grade _____
In Fall _____

Address _____ City _____ Zip _____ School _____

Parent _____ Home _____ Work _____ Cell _____

Parent _____ Home _____ Work _____ Cell _____

Email _____ Do you text? _____ Do you have reservation? _____

How did you find out about MOLA? _____ Today's Date _____

Optional: Where do parents work? _____

In case of urgency and above persons cannot be reached, please provide two additional local contacts:

Name _____ Phone _____ Phone _____

Name _____ Phone _____ Phone _____

Physician and/or Clinic _____

Please list any other persons authorized to pick up &/or transport your child:

Name _____ Name _____

Is your child authorized to leave camp on his/her own at the end of the day? _____

Considering the nature of MOLA activities, please describe any physical, medical, or behavioral conditions, limitations, or restrictions: _____

Participants are divided into groups according to age and ability. AGE GROUPS VARY!
We try to accommodate requests regarding age, grade, friends, siblings, cousins, etc.

Preferences? _____

Please circle weeks in which you'd like reservations. Be sure to check SCHOOL CALENDAR!

Jun.3 / Jun.10 / Jun.17 / Jun.24 / Jul.1 / Jul.8 / Jul.15 / Jul.22 / Jul.29 / Aug.5 / Aug.12 / Aug.19 / Aug.26

PAYMENT POLICY: We accept cash or check. Fee \$205/wk. Deposit \$100/wk first 3 weeks, \$50/wk each add'l week. Deposit required within 5 days of reservation to guarantee spot. \$100 deposit carries through to final week attending. Payment of deposit and/or submitting registration form and/or attending camp implies agreement to pay full amount of session(s). Any changes, cancellation, or returned checks subject to automatic charge of \$50 per week. You are expected to pay full amount if you cancel with less than 30 days notice, or do not attend, for any reason, unless substitute can be found. Any payment received may be applied to remaining balance from previous sessions. Notice of cancel must be received in writing via email or text message and confirmed by MOLA. Weekly balance due Monday morning at start of session, without which child(ren) may not be allowed to attend. If not checked in by 9am Monday morning, your spot may be forfeited, without refund. Refunds provided subject to MOLA's discretion, and cannot be issued until after September 1st. You are responsible for circling correct date(s). **Please confirm policy with initials:** _____

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS!

MISSOULA OUTDOOR LEARNING ADVENTURES

Acknowledgment, Waiver of Liability, Authorization, and Agreement

NOTICE: This is a legally binding agreement. By signing this agreement you waive your right to bring court action to recover compensation or to obtain any other remedy for injury to your child or yourself or your property or for death to your child or yourself, however caused, arising out of participation in programs that Missoula Outdoor Learning Adventures (hereinafter referred to as MOLA) offers or is associated with in any way, now or at any time in the future.

I acknowledge that by participating in MOLA, my child will be exposed to significant and inherent risks and hazards associated with activities including, but not limited to: hike, bike, climb, raft, canoe, kayak, swim, wade, tube, boulder, folf, explore, run, play, cook, camp, fish, soak in hot springs, jump into water, swing on ropes, walk on logs, climb trees, and various games. I recognize that known and inherent risks, including travel, weather, fire, natural objects, and wild and domestic animals, as well as unknown or unanticipated risks, are associated with these and other MOLA activities and could result in serious physical or emotional injury, paralysis, death, drowning, or damage to my child and/or property.

I am fully aware of the nature and extent of the risks associated with these activities and conditions, or if not, I assume responsibility for educating myself about these risks, which I know I can do by simply asking MOLA. I understand that: 1) such risks cannot be eliminated without jeopardizing the essential qualities of the activities of MOLA; 2) it is not possible for MOLA to maintain direct visual contact with all participants at all times; 3) it is not possible for MOLA to prevent adults, including other parents, and children from acting inappropriately or illegally, or failing to follow directions or rules while in our programs; 4) MOLA may not be able to adhere to advertised staff:client ratios at all times; and 5) MOLA groups are sometimes out of cell phone coverage and/or may be several hours from help. I understand that if myself or any family member or guardian or friends should join the undersigned child for any activities, all provisions on this form will apply equally to me/us/them, and it is my responsibility to inform them of this.

In consideration of my child's participation in MOLA, I, the undersigned parent/guardian of the participant, on behalf of myself, my spouse, my children, my relatives, my heirs, assigns, personal representatives and estate, do hereby release MOLA, its owner, agents, sponsors, officers, employees, subcontractors, interns, and volunteers from any action, claim, or demands of any nature whatsoever, including, but not limited to a claim of negligence, now or at any time in the future, on account of personal injury, property damage, death, accident, or loss, of any kind, arising out of or in any way related to my child's participation in MOLA.

During the course of MOLA activities and classes, including travel, I authorize MOLA to take whatever actions may be necessary and/or appropriate under the circumstances of accident, injury, or sickness to protect the health and safety of my child and/or my self and/or other participants, including placement into the care of a trained medical professional or transportation and admission into a medical treatment facility.

I certify that I have insurance to cover injury or any damage caused or suffered by my child and/or myself and/or our property resulting from participation in MOLA activities, or else I agree to bear the costs of such injury and/or damage myself. I further certify that my child and/or myself have no medical, physical, or behavioral conditions which could interfere with our participation in MOLA, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such conditions. I understand that I am financially responsible for any medical treatment and/or emergency evacuation resulting from participation in MOLA activities.

I understand that participants are expected to come every day with a positive attitude, willing to try and ready to help, and are expected to behave appropriately and respectfully at all times. In the event of behavioral problems, I recognize that MOLA staff may ask for parental involvement, and MOLA reserves the right to ask participants to take time off camp or leave altogether, without refund, at any time. I understand that MOLA may take pictures of my child which may be used in websites, promotions, advertising, publications, or media coverage. I understand that MOLA activities may be changed or canceled at any time, without advance notice, due to various factors, and without refund. MOLA is not responsible for lost, stolen, or forgotten items. I have read the payment policy and agree to its terms.

I have had sufficient opportunity to read this entire document. I understand it and agree to be bound by its terms.

Participant _____ Date _____

Signature of Parent/Guardian _____ Print Name _____

Address _____ Phone _____