



7026 South Billings Boulevard Billings, MT 59101
406-294-5099 www.mtaudubon.org

Home School Science

Thank you for registering your child for our home school science class! We will do our best to make sure each class is a fun, productive, and educational experience. Here's what you can do to help:

The First Day: please bring with you the Parental Consent Form (below) as well as any remaining payment due for registration. The Parental Consent Form indicates acknowledgement of the risks associated with outdoor education, permission to administer basic first aid, indication of medical or behavioral issues we should be aware of, and the names of individuals authorized to pick up your child/children.

If your child carries an **inhaler or epi-pen**, make sure that you notify the staff when you sign in.

Every Day

Exploring nature is a dirty job. Please dress your child in clothing appropriate to spending a significant amount of time outside. More than one layer works best to accommodate for changes in weather and activity level. We require that children wear **close-toed shoes or boots - no flip-flops**. Please apply sunscreen and insect repellent if desired *prior to* arrival on site.

While we welcome parents to attend our classes at anytime, neither their participation nor their attendance is required.

Pick up and drop off:

Please drop off and pick up your child **on time**. Drop-off, pick-up, and check-in will happen in the big parking lot under the white tent. Parents will need to sign children in and out each day.

Directions:

We are located at 7026 South Billings Boulevard, ¼ mile south of I-90. Turn west onto the gravel road and look for the entrance on the right. Park in the parking lot with the white tent. Staff will meet you at the picnic table. For the safety of all, please **do not drive** on the causeway road unless you require handicapped parking or have made arrangements with the staff



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PARENTAL CONSENT FORM

Part 1 -- Medical Treatment

Permission is given to any available duly licensed Doctor of Medicine or member of hospital medical staff to perform emergency treatment under whatever conditions are necessary to preserve the life, limb, or well-being of **(list child/children's name)**:

as the physician deems necessary and to continue treatment and procedures until such time as the undersigned shall dismiss him/her or engage another physician. This permission includes admission to one of the local hospitals if the attending physician deems it necessary. _____ (initials).

Part 2 -- Release of Liability and Use of Image

I wish for my child to participate in Montana Audubon's program, which may include experiences both inside and outdoors. I understand there are possible dangers associated with the program. I understand that my child's participation in the program may involve sustained physical activity. 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 associated activities. I agree that my child is participating in the activity at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting this activity at the site.

I hereby grant permission to Audubon to reproduce my child's appearance, likeness, name, and voice in connection with the program, including in promotional materials and media.

I expressly release Audubon and its officers, directors, employees, agents licensees, successors, and assigns from and for any and all claims, demands, or causes of action which I have or may have, including claims for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon's use of my child's appearance, likeness, name, and voice, including but not limited to the distribution, broadcast, or exhibition thereof, or (ii) on account of any loss, damage, or injury to person or property suffered or incurred by my child, except by Audubon's negligence, in connection with any aspect of my child's participation in the program, including any transportation arranged by, paid for or provided by Audubon.

Signature: _____ Date: _____

Print Name: _____

Part 3 -- Authorized Pick-up

For the safety of your child/children we ask that you list the names, relation, and contact numbers of each person that is authorized to pick up your child from the program each day. Anyone not on this list will not be allowed to pick up your child.

Name: _____ Relationship: _____ Phone: _____
