



7026 South Billings Blvd / Billings, MT 59101  
406-294-5099 [www.mtaudubon.org/center](http://www.mtaudubon.org/center)

---

## PARENT/GUARDIAN 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 names):** \_\_\_\_\_  
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. **Initial here:** \_\_\_\_\_. **Preferred doctor/hospital:** \_\_\_\_\_

Permission is given to apply bug spray, sunscreen, alcohol wipes, and antibiotic ointment. I have notified staff to any allergies to the before-mentioned list. **Initial here:** \_\_\_\_\_

### Part 2 -- Release of Liability and Use of Image

In consideration of myself and/or my child being permitted to participate in this Audubon Center Event/Activity, I represent that I do, on behalf of myself and/or my child:

- 1.) I acknowledge and agree that **I fully understand the nature of this activity/event** and that I am, and/or my child is, qualified and in good health and physical condition to participate in the activity.
- 2.) **I fully understand that (a) Montana Audubon Center activities involve risk** and dangers of serious bodily injury, (b) these risks and dangers may be caused by my own, or my child's, actions or inactions, the actions/inactions of other participating in the activity, and/or the condition of which the activity takes place.
- 3.) **I hereby agree for myself and/or my child, to release** Montana Audubon -- its administrators, directors, members, volunteers, employees, officers, agents, any sponsors, advertisers, owners and lessors of premises and property on which the activity takes place -- from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
- 4.) **I hereby grant permission to the Montana Audubon Center to reproduce my and/or my child's appearance, name, likeness, voice and biographical information** in connection with the event/activity in any and all manners, including promotional materials, and in any and all media throughout the world and in perpetuity.

**I fully accept and assume all risks and responsibility** for losses, costs, damages that I or my child incur as a result of my or my child's participation in this activity. My signature signifies that I fully understand and agree to be bound by this Release & Waiver Agreement, for myself or for my underage child.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

### Part 3 -- Authorized Pickup

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. Only those on this list will be allowed to pick up children.

Name:	Relationship:	Phone:
_____	_____	_____
_____	_____	_____