



7026 South Billings Boulevard Billings, MT 59101
406-294-5099 <http://mtaudubon.org/center/>

Thank you for registering your child for our homeschool 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. Also, please send your student with a **water bottle** each class. We will have stations where they can refill it if needed.

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 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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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 of 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 Montana Audubon 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 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 Montana Audubon 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:
