

Secrets of the Faeries Forest School

Waiver Form

Please read this two page form and complete the required information. You child will not be permitted to participate in our Secrets of the Faeries Co. Faery Forest School Program unless our records indicate that this form has been completed and signed by you. We will require a separate form for each child who is participating in our program.

1. Participant Information

Participant Name: _____

Parent or Guardian Name (If Applicable): _____

Address: _____

Contact Phone: _____

Email Address: _____

Emergency Contact Information: _____

Doctor Name and Phone Number: _____

Medical History: Allergies, physical limitations, or medications required:

2. Medical Insurance: Secrets of the Faeries Co. Forest School Programs are operated by Secrets of the Faeries Co. and does not provide any medical insurance to cover any medical expenses incurred by the Participant. The Participant's medical insurance policy must cover any such costs that may be incurred.

3. Medical Authorization: The Participant's parent/legal guardian signing this form warrants and represents that the camper is physically fit and able to participate in the camp activities and consents to Meghan "Faeth" Ann Mulqueen, or any other employee, assistant, agent or any other person affiliated with Secrets of the Faeries Co., to seek medical attention and/or treatment or other measure deemed necessary or advisable in the discretion or judgment of Secrets of the Faeries Co. for the above named Participant, in the event of an accident, sudden illness, or any other condition that occurs while the camper is in the care and supervision of Secrets of the Faeries Co. Employees and Personnel. The parent/legal guardian further understands that Secrets of the Faeries Co. will make reasonable efforts to notify the parent/legal guardian or other parent of the Participant in the event of an incident that may require health care or treatment of the Participant; however such parent/legal guardian understands that such

notification may not be able to be provided under the circumstances prior to such health care and/or treatment.

The parent/legal guardian signing this form releases Secrets of the Faeries Co. and all of its owners, agents, personnel or other persons affiliated, there-with, including the homeowners and The City of Asheville Parks where Secrets of the Faeries Co. Faery Forest School Program may be operating at on the day of the incident, from any and all liability for such healthcare decisions or actions seeking medical care and treatment for the camper, specifically agrees to pay for all costs and fees that may be charged or incurred for such medical care and treatment authorized under this Medical Authorization.

4. Liability and Waiver Release: The parent/legal guardian hereby agrees to release and hold Secrets of the Faeries Co., its owners, agents, assistants, helpers, and any other real property owner, city or state parks, on which Secrets of the Faeries Co. Faery Forest School Programs or Classes are located at the time of the incident for which this document is relevant and material, from any and all claims, damages or losses and/or expenses, arising out of participation in camp activities, and assume any and all liability for any and all personal injuries, bodily injuries, illness or property damage that occurs as a result of participation in any Secrets of the Faeries Co. Faery Forest School Programs or Class activities. The parent/legal guardian also warrants and represents that participation in Secrets of the Faeries Co. Faery Forest School Program activities by the Participant and his/her legal guardian understands there may be some risk involved with some Program activities. Each Participant agrees to obey and follow all the rules and policies mandated by Secrets of the Faeries Co. Faery Forest School Programs Employees or Personnel.

I have carefully read this document and fully understand its contents. I am aware that this is a Release of Liability and an Authorization of Emergency Medical Care and Treatment of my child or ward. I have signed the document voluntarily and of my own free will. I am not relying on any statements, representations or inducements by any person associated with Secrets of the Faeries Co. Faery Forest School Programs.

Print Your Name Here: _____

Sign Your Name Here: _____

Date: _____