



Vacation Bunny School 2011 Release Form

Emergency Medical Information:

Physician: _____ Phone: _____
Preferred Hospital: _____
Insurance Provider: _____
Insurance Policy Number: _____
Allergies, Medical Conditions, or Medications:

Please list any other medical or personal information that the camp staff should know.

Emergency Medical Release:

If I or an emergency contact cannot be reached or in the event of an emergency, I, the parent or guardian, _____, authorize Tranquility Trail and the Vacation Bunny School staff to act on my behalf regarding my child, _____.

Parent/Guardian Signature: _____ Date: _____

Media and Liability Release

I give permission for Tranquility Trail to take photographs and/or videos of my child participating in Vacation Bunny School. I agree that the photographs and/or videos can be used for promotional or documentary purposes as well as for media coverage. I will not seek compensation for use of these photographs and/or videos.

Whenever my/our children, or child/children under my/our legal guardianship, participate in TTAS activities, I/We hereby release and agree to indemnify, defend and hold harmless TTAS, its directors, officers, employees, agents and volunteers, and its heirs, successors, assigns and personal representatives and owners of the property on which TTAS is located from and against liability for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever (Losses), which such child or children or any pet or other person might suffer or sustain, except Losses which are the direct result of TTAS gross negligence or intentional misconduct. I acknowledge that there are risks that the child/children could be bitten, scratched, injured or frightened by the animals or otherwise injured while working at TTAS and I assume such risks. Injury may include but is not limited to animal bites, scratches, cuts, falls, burns, insect bites, bee stings, sprains and broken bones. TTAS does not carry medical insurance for staff or volunteers, and I acknowledge that any medical care required as a result of an injury which occurs at the sanctuary or while I am representing TTAS at any other location, will be my financial responsibility.

Child's Name: _____ (please print)
Parent/Guardian Signature: _____ Date: _____