

## Nebraska Wildlife Rehab – High School Science Academy Participation Authorization & Liability Release Form

This Participation Authorization & Liability Release Form must be completed (please print) and signed as a necessary prerequisite for participation in all activities related to Nebraska Wildlife Rehab, Inc.'s High School Science Academy from September 28, 2019 to September 1, 2020.

Student's Name: \_\_\_\_\_ Name of Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Evening Phone Number: (\_\_\_\_) \_\_\_\_\_

**Participation Authorization & Liability Release.** I, as parent or legal guardian of the above-named minor student (hereinafter referred to as "Student"), hereby grant the permission necessary to allow Student to participate in the High School Science Academy operated and sponsored by Nebraska Wildlife Rehab, Inc., a Nebraska nonprofit corporation ("NWRI"), which includes, but is not limited to, classroom, lab, and fieldwork activities on the campus of the University of Nebraska at Omaha, the campus of the College of Saint Mary, the campus of Creighton University, at Spring Creek Prairie in Denton, NE, at Fontenelle Forest, at Cedar Point Biological Station, and at other locations to be determined NWRI (the "High School Science Academy Program"). In consideration of NWRI allowing Student to participate in the High School Science Academy Program, I, in my own behalf and on behalf of Student, further agree to release and hold harmless NWRI and University of Nebraska at Omaha and each their respective members, directors, officers, representatives, agents, and employees and each of its and their respective successors, assigns, heirs, and beneficiaries (hereinafter collectively the "Released Parties") from any and all liability for claims judgments, losses, liabilities, costs, and expenses (including, without limitations, attorneys' fees and costs) arising out of or connection with Student's participation in the High School Science Academy Program, including any claim arising out of or connection with any illness or injury that Student may incur or sustain while participating in the High School Science Academy Program. I further expressly agree to indemnify, defend, and hold harmless the Released Parties against loss from any further claims, demands, or actions that may subsequently be brought by Student or by any other person on the account of damages of any character resulting to Student in any way from the High School Science Academy Program.

**Transportation Authorization.** I hereby agree that Student may use the following methods of transportation to participate in the High School Science Academy Program (**please initial all that are applicable**):

- \_\_\_\_\_ Bus or other commercial transportation provided by NWRI
- \_\_\_\_\_ Taxi provided by NWRI
- \_\_\_\_\_ Private vehicle belonging to, and driven by, a staff member of NWRI
- \_\_\_\_\_ Private vehicles belonging to, and driven by, other High School Science Academy students and their parents.
- \_\_\_\_\_ Private vehicle belonging to our family.

**Medical Release:** I, in my own behalf and on behalf of Student, acknowledge and agree that such participation subjects Student to the possibility of physical illness or injury and that I, in my own behalf and on behalf of Student, acknowledge that Student is assuming the risk of such illness or injury by participating in the High School Science Academy Program. In the event of such illness or injury, I authorize NWRI to obtain necessary medical treatment for Student and hereby, in my own behalf and on behalf of Student,

release and hold harmless the Released Parties in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Student for any illness or injury that Student may sustain while participating in the High School Science Academy Program. In the event that NWRI needs to obtain necessary medical treatment for Student, I authorize the care of Student at a health care facility using the following health insurance information:

\_\_\_\_\_  
*Provider*

\_\_\_\_\_  
*Subscriber ID*

\_\_\_\_\_  
*Group Number*

\_\_\_\_\_  
*Policy Number*

IN CASE OF A MEDICAL EMERGENCY, AND IN CASE I CANNOT BE REACHED, CONTACT ONE OF THE FOLLOWING PERSONS AT THE NUMBERS LISTED BELOW:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

I represent that any medication to which Student is allergic or medications that Student is currently taking are listed on the attached Health Information Addendum, which shall be incorporated herein by this reference. I agree that Student shall be responsible for bringing with him/her to High School Science Academy Program activities any medications which Student is currently taking and which Student is required to take prior to, during or after participating in such activities and that he/she shall consume the prescribed dosage for such medications. I further represent that if Student is on any medication that the Student must take during or after High School Science Academy Program activities, and Student cannot take the medication by him/herself, I shall be required to prepare and arrange to have either myself or another qualified adult on site during the High School Science Academy Program activities to administer any medications or manage any other conditions listed below that Student may encounter. I acknowledge and agree that if I fail to be on site or fail to have another qualified adult on site for such purposes, NWRI may not allow Student to participate in the High School Science Academy Program activities. I acknowledge that I have completed the Health Information Addendum to the best of my knowledge and that all information contained on such Addendum is true, accurate, and complete.

If any provision of this Participation Authorization & Liability Release Form is determined by any court to be invalid, then such invalidity shall not affect any other provision of this Participation Authorization & Liability Release Form to which effect reasonably can be given without such invalid provision; and for such purpose the provisions of this Participation Authorization & Liability Release Form shall be severable from one another.

I, in my own behalf and on behalf of Student, am aware that this Participation Authorization & Liability Release Form releases the Released Parties from liability and contains an acknowledgement of my voluntary

and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Student, have signed this document voluntarily and of my own free will.

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Parent/Legal Guardian Signature

Date

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Relationship to Student

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**AUTHORIZATION FOR EMERGENCY CARE**

**(Medical, and/or Surgical Treatment)**

In case of a medical emergency during the High School Science Academy Program activities, I hereby authorize the physician or the hospital to which my child may be brought to provide any emergency medical or surgical care and treatment as becomes reasonably necessary.

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Parent/Legal Guardian Signature

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Date

## HEALTH INFORMATION ADDENDUM

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

1. Please list all health conditions that Student suffers from: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list all allergies (e.g. to food, plants, bee sting, penicillin or other medicines) that Student suffers from: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please list all medications Student is taking now and will take during the High School Science Academy Program. Also please advise if any medications need to be administered by an adult. (Medication must be in a properly labeled bottle or container): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list all special restrictions on Student's participation in any of the High School Science Academy Program activities or all other precautions that NWRI should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_