

****Please ignore the warning about using Adobe Acrobat**** Just fill in the form, save it to your computer and email the file to: info@durangowildsoul.org. Thank you!

Wild Soul Summer Camp Registration Form

Child's Name

First Name Last Name

Birth Date

Month Day Year

Parent/Guardian 1

First Name Last Name

Phone Number

Area Code Phone Number

Email

example@example.com

Parent/Guardian 2

First Name Last Name

Phone Number

Area Code Phone Number

Email

example@example.com

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

I am registering for:

Session 1, June 26-29

Session 2, July 10-13

Session 3, July 17-20

Session 4, July 24-27

Session 5, July 31-Aug 3rd

Does your child have any allergies or environmental sensitivities?

Has your child been stung before and was there any significant reaction?

Is your child taking any medications?

Does your child have any issues which would affect their abilities to be outdoors, interact with other children/adults and/or follow basic instructions? If yes, please explain.

By typing my name in below, I am agreeing to register my child for the programs indicated and will be responsible for payment at the rate discussed. I understand that I will need to submit a \$100 deposit in order to reserve my child's spot, and that this deposit may not be refundable should I decide to withdraw.

Parent/Guardian Name (E-signature) and Date:

Photo Permission

Please indicate which option you would prefer below. Photos will be used solely for the purpose of promoting our program.

In regards to using photos of my child:

- any shot is fine
- photos that do not show faces are OK
- for any photo, please ask permission first!
- NO photos of my child should be used to promote Wild Soul

Parent/Guardian Name (E-signature) and Date:

Financial Acknowledgement

By registering, you agree to pay the full cost of the program in which your child is enrolled, according to the payment plan agreed upon by you and Wild Soul. Refunds given as a result of withdrawal from the program will be decided on a case-by-case basis, and all refunds will be minus a 5% service charge. We require a minimum of 30 days notice before leaving or withdrawing from the program. We cannot provide refunds for days missed due to illness, travel or inclement weather.

The cost for each week/session of summer camp is \$350

By signing below, you acknowledge that you have read and understand our financial policies.

Parent/Guardian Name (E-signature) and Date:

Thank you! We are excited to have you join us!

Please submit your deposit online at this link:

<https://bit.ly/OnwardDonationPage>

(Under "Special Events", you will find "Durango Wild Soul Tuition")

OR

Send a check made out to Durango Wild Soul to:

Onward! A Legacy Foundation

PO Box 26

Cortez, CO 81321

Durango Wild Soul is a fiscal fund of Onward! A Legacy Foundation

Waiver and Release of Liability form

Participation

I hereby give permission for my child to participate in any/all activities as provided by Durango Wild Soul and Onward! A Legacy Foundation. I agree to notify staff if there are any activities which should be avoided for any reason.

Inclement Weather

I understand that inclement weather can be dangerous and pose certain risks for participation. I further understand that it is my responsibility to provide weather-appropriate clothing for my child and that Durango Wild Soul reserves the right to change location, cancel or make appropriate changes in plan to accommodate unsafe or problematic weather.

Responsibility for Injury/Accident

I understand that Durango Wild Soul program and staff or Onward! A Legacy Foundation, will not be held liable for illness or injury to my child caused by, or that occurs during, participation in the program. I hereby waive, absolve, indemnify and agree to hold harmless parents, facilitators, participants and owners of the land where the program is held from any injury or accident that occurs while participating.

Emergency Care

I agree that in the event of emergency, Durango Wild Soul and its facilitators may use their best judgement to provide and/or seek treatment or first aid for my child until such a time as I can be reached and/or present. This applies to circumstances such as the need for CPR, cleaning wounds, calling EMS and/or going to the ER, and administering medication to treat acute conditions such as allergic reactions or snakebite.

Release of liability

I release, waive and fully discharge Wild Soul, Onward! A Legacy Foundation, and all their staff from any and all claims, demands, obligations and liabilities of all kinds arising from or connected, directly or indirectly, with my participation in this program due to any cause whatsoever, including negligence, and I accept that this release cover and includes, but is not limited to, all unknown and unforeseen claims, injuries, damages and losses and any consequences thereof.

This release shall include Wild Soul and Onward! A Legacy Foundation and its facilitators and organizers, parents, participants, volunteers, contractors, medical and paramedical personnel, owners, licensees and occupiers of land on which the activities are held or anyone who is involved directly or indirectly with the activities in any manner. This release and indemnity continues forever and binds my heirs, executors, personal representative and assigns.

By typing my name below, I agree to the terms set forth above.

Child's Name and Date of Birth:

Parent/Guardian Name (E-signature) and date: