



## **2016 Application for Wyoming County**

<b>Location:</b>	Camp Brookside Environmental Education Center		
<b>Dates:</b>	June 21, 2016		
<b>Hours:</b>	8:00 a.m. – 5:00 p.m.		
<b>Cost:</b>	<b>FREE</b>	of charge to youth ages 9 to 11 years old (50 applicants accepted on a first come-first served basis)	
<b>Application:</b>	Send to:	New River Gorge National River C/O Rachel McDowell P.O. Box 246 Glen Jean, WV 25846	
<b>Questions:</b>	Contact Rachel	304-465-6527	rachel_mcdowell@partner.nps.gov

Students Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Gender (circle one): M / F

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please list any special needs and allergies that your child has \_\_\_\_\_

\_\_\_\_\_

# RELEASE, ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in a National Park Service New River Gorge National River activity,(the "Activity"), namely:

Science Youth Nature Camp, SYNCing Youth With Nature

I represent that I understand the nature of the Activity; that my child is qualified; in good health; and in proper physical condition to participate in the aforementioned Activity, which will demand some physical exertion and being out-of-doors. I agree that my child can participate while wearing the protective equipment required for the activity and my child will follow the instructions of the park rangers and instructors. I know that the Activity involves some risks of bodily injury, including permanent disability, paralysis and death, and damage or loss of personal property which may be caused by my child's own actions or inactions, by others, or by the conditions in which the Activity takes place. I know that the risks of this Activity include, among others, hazards of traveling, walking or riding on unlevel and rocky terrain; slips and falls may occur; being struck by branches, or other objects falling from above; the use, miss-use or failure of Activity and safety equipment; the forces of nature, including lightning and rapid weather changes; insect, snake or animal bites; fatigue; travel by automobile, van, or other conveyance; and condition of roads, trails, waterways, or terrain, and accidents connected with their use.

I realize on behalf of my child that there may be other risks not known or not readily foreseeable but I fully accept and assume all such risks, whether or not identified above, and I assume all responsibility for losses and damages which my child may suffer as a result of my child's participation in this Activity. In recognition of the risks, I hereby give the NPS and its employees or volunteers permission to treat my child and to authorize medical treatment for my child in the case of an emergency or accident. I agree to disclose to the NPS and its employees any physical condition that may limit my child's participation in the Activity.

**I HEREBY RELEASE AND HOLD HARMLESS**, the United States of America, its employees, volunteers or other participants (the "Releasees") from all liability for, claims for personal injury, including death, and property damage, demands, losses, costs and damages arising out of or asserted to arise, directly or indirectly, in whole or in part, from the Activity whether resulting from negligence or operations and hold harmless the Releasees as to all such matters.

I have read the foregoing Release, Assumption of Risk Agreement; and understand that I will give up substantial rights by signing it; have signed it freely and without any inducement or assurance of any nature not stated herein; intend it to be a complete and unconditional release, assumption of risk to the greatest extent allowed by law; and agree that if any portion of this Agreement is held invalid the remainder shall continue in full force and effect.

**(A SEPARATE FORM MUST BE COMPLETED FOR EACH PARTICIPANT)**

\_\_\_\_\_  
Print Name of Participant (students name)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

I consent to the use by the National Park Service, of photographs and video recordings made of my child identified below while participating in the Activity or using the Additional Services without compensation and agree that all such materials including negatives, are the sole property of the Releasees.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

