

Outside Now Registration Form

Mail completed forms to: Outside Now, P.O. Box 15918, San Luis Obispo, CA 93406. You will receive a confirmation email when we have enrolled you in your requested program.

Participant's Name: _____
Last First

Sex: F M Age: _____ Birthdate (MM/DD/YY): _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Participant Status: First Time Outside Now Participant Returnee

How did you hear about Outside Now? _____

What program(s) are you applying for? _____

Program Date(s) _____

Program Fee: \$ _____ Payment method: Check Paypal

If paying by check, make payable to OUTSIDE NOW and mail with registration form to: Outside Now, P.O. Box 15918, San Luis Obispo, CA 93406. If using Paypal, go to www.outsidenow.org and click on the "donate" button.

Parent 1 Name: _____ Email: _____

Home Phone (____) _____ Work Phone (____) _____ Cell: (____) _____

Parent 2 Name: _____ Email: _____

Home Phone (____) _____ Work Phone (____) _____ Cell: (____) _____

Who is the child living with? Parent 1 Parent 2 Other: _____

Relationship if not parent: _____ Are you the legal guardian? Yes No

PERMISSION TO PHOTOGRAPH

Outside Now is a nonprofit organization. Program activities may be photographed or videotaped for educational, publicity or fundraising purposes. . Please indicate if you give permission to appear in videos, photos or audio recordings without compensation (e.g., as part of brochures, slide shows or program websites).

___ Yes, I give my permission.

___ No, I do not want to appear in a photograph or videotape.

Date Name (printed)

Signature

Printed name of Parent/Guardian if signing for a minor under 18 years of age

Emergency Medical Release Form

This form is required for participation in Outside Now programs and workshops.

Please complete each section thoroughly, sign and date.

Child's Name:

Last

First

Sex: F M

Age: _____

Birthdate (MM/DD/YY): _____

Mother's Name: _____

Home Phone #: () _____

Work Phone #: _____

Cell Phone #: () _____

Father's Name: _____

Home Phone #: () _____

Work Phone #: _____

Cell Phone #: () _____

Additional persons authorized to pick up my child and/or to contact in case of an illness or an emergency:

Name: _____

Relationship: _____

Phone #: () _____

Name: _____

Relationship: _____

Phone #: () _____

Allergies – Does your child have any allergies to food, medications, insects, etc.? Yes No

If Yes, please list and describe related reactions: _____

Health Conditions – Has your child, currently or in the past, been diagnosed with any of the following health conditions (check all that apply):

Asthma Yes No

Epilepsy/Seizure Disorder Yes No

Diabetes Yes No

Frequent Migraine Headaches Yes No

High/Low Blood Sugar Yes No

Respiratory Problems Yes No

Heart Problems Yes No

Attention Deficit-Hyperactivity Yes No

Vision/Hearing Problems Yes No

Chronic Ear Infections Yes No

If Yes, please explain: _____

List any other health condition(s) not listed above: _____

List any medication(s) currently taken by your child: _____

(you may be required to complete a Medication Authorization Form)

Medical History

Provide date of last immunizations for:
(a tetanus within 10 years is recommended)

Tetanus/TD _____

MMR _____

Other _____

Chronic or long term illness? Yes No

If yes, specify: _____

Operations or serious injuries? Yes No

If yes, specify: _____

Any Dietary restrictions? (vegetarian, lactose intolerant, etc.) Yes No If yes, specify:

Do you wear: Contact Lenses Eye Glasses Hearing Aids Special Auxiliary Aids
(if you wear corrective lenses, please bring extra contact lenses or glasses to lengthy or remote programs)

Name of Child's Physician: _____

Physician's Phone # : () _____

Name of Insurance Company: _____ Policy # /Medical #: _____

In case of emergency, take my child to the following hospital (please check one):

Nearest Hospital OR _____ (name of hospital)

EMERGENCY RELEASE

If, in the judgment of the staff of Outside Now, the child named above needs immediate care and treatment as a result of any injury or sickness, I hereby give permission to the staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs which could include evacuation from remote locations. I do hereby agree to indemnify and hold harmless Outside Now (including its officers, directors, members and/or volunteers) from any claim by any person whomsoever on account of such care and treatment of said child.

Print Full Name of Parent/Guardian

Signature

Date

OUTSIDE NOW PARTICIPANT WAIVER AND RELEASE

(Full legal name) _____ has my (our) permission to participate in

Program: **Outside Now Nature Connection Programs**

Program Date(s): _____

Specific Program Name: _____

Program Location: _____

Estimated Hours of Program Day: _____

Mode of transportation to and from program: _____

As parent(s) and/or legal guardian(s), I/we remain legally responsible for any personal actions taken by the above named minor.

I/we understand and acknowledge that I/we have voluntarily enrolled the above named minor in a program that may involve activities that can be considered hazardous and pose risks to my/our child, including the risks associated with hiking and outdoor play such as: crossing streams, encountering poison oak, climbing trees and rocks, water play, fire making and managing campfires, using tools for construction and gardening, using knives as tools, primitive cooking, encountering poisonous insects and plants/snakes/ ticks/wild animals, and being outside in inclement weather, which may result in serious injury or death.

I/we understand that if the above named minor fails to abide by behavioral guidelines and safety requirements regarding any of the programs that may be established by Outside Now or its agents, s/he may immediately be discharged from any of the programs and Outside Now facilities without any reimbursement for any payment to Outside Now. I/we further understand that I/we may be called to pick him/her up and will be solely responsible for any associated costs.

I/we certify that to the best of my/our knowledge and belief the above named minor is in good health. I/we hereby certify we have provided Outside Now with a current Medical Emergency Release Form.

In addition, I/we acknowledge that novel coronavirus (COVID-19) infections are active throughout the United States, including cases in California and San Luis Obispo County.

In consideration of being allowed to participate in Outside Now Nature Connection programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular guidelines and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2. I willingly agree to comply with the stated and customary terms and conditions for my child's participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard, I will remove my child from participation and bring such to the attention of Outside Now administrative staff at 805-541-9900.

In accordance with guidance issued by the Centers for Disease Control and Prevention (CDC) and the San Luis Obispo County Public Health Department for slowing the transmission of COVID-19, Outside Now has developed the Acknowledgement of Prevention Practices and Protocols: COVID FAQ document, which is available for review on our website. In signing this Waiver and Release document, I/we acknowledge our intention to adhere to Outside Now's preventative practices. I/we understand that Outside Now has taken careful steps to implement recommended practices and protocols issued by Public Health Agencies for slowing the transmission of COVID-19 and revises these as recommendations change.

As consideration for being permitted by Outside Now to participate in any of its programs and use of facilities, I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/ children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless Outside Now or any of its affiliated organizations and all officers, directors, employees, agents, guest property owners and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation and/or my/our participation in any of the Outside Now programs. ASSUMPTION OF RISK: These services are of such value to me that I accept the risk of my child being exposed to, contracting, and/or spreading COVID-19 in order to participate in an in-person Outside Now Nature Connection program instead of participating in a program virtually (e.g. videoconference) when available.

I acknowledge that I have carefully read both this **Waiver and Release** document and the Acknowledgement of Prevention Practices and Protocols:COVID FAQ on the Outside Now

