

PLEASE RETURN THIS FORM TO YOUR SCHOOL OR ORGANIZATION PRIOR TO THE TRIP

MOUNTAIN WORKSHOP

A division of Hawke Mountain Ventures, LLC
School Outdoor Programs

FOR ALL ATTENDING STUDENTS
Please complete both sides, including
signatures of parent or guardian

PARENTAL PERMISSION AND RELEASE

Ref: Browning Gr12 F17_2526

This form is required for participation in a Mountain Workshop program.

Organization The Browning School Start Date: 09/08/17 End Date: 09/08/17

Program Location: Mountain Lakes Camp, North Salem, NY

Participant's Name _____ Grade _____ Age _____

Parents or Guardian _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ Phone (Cell) _____ Phone (Work) _____

Email Address _____

If not available in an emergency notify: _____

Phone (Home) _____ Phone (Cell) _____ Phone (Work) _____

Your Medical carrier _____ Policy # _____ Date Med. Exam _____

We believe young people seek adventure. Mountain Workshop provides opportunities for exploring new activities in a structured manner. Risk management is an essential element of the activities we offer, and we observe standard precautions. We conduct our programs according to practices and procedures recommended by professional organizations in the field of Outdoor Education. Our risk management program includes specific criteria for staff selection, training, written policies and procedures, and supervision and review of practices. While we anticipate our professional supervision will ensure the well being of each camper, we are also aware it is neither possible to foresee every contingency nor to eliminate all risk.

PARENT/GUARDIAN RELEASE

I understand that Mountain Workshop activities occur in diverse terrain and weather conditions. I authorize my son/daughter to participate fully in all Mountain Workshop activities. These activities include, but are not limited to backpacking, hiking, canoeing, kayaking, caving, rock climbing, rappelling, swimming, rafting and tubing. All of these are physical activities that involve risk of personal injury.

I understand that The Mountain Workshop cannot safeguard against all such injuries, and I expressly agree to assume such risk and waive and release The Mountain Workshop, its officers, agents, employees, third parties and any federal, state or local agencies which have jurisdiction over lands or properties upon which The Mountain Workshop programs operate, from any claim of liability, including negligence, except gross neglect, of The Mountain Workshop for any loss, damage, or injury incurred during the program(s) for which my son/daughter is applying and I attest that my son/daughter is enthusiastic about participating. TMW may use photo and video footage for promotional material from your program, and retains all rights for use of material.

Parent/Guardian Signature _____ Date _____

Mountain Workshop
35 Miry Brook Road
Danbury, CT 06810
203-797-1435

In case of Medical Emergency, I understand that every reasonable effort will be made to contact the parent or guardian of this child. In the event I cannot be reached, or if the attending physician or health care provider believes that immediate medical care without delay is required or appropriate, I hereby give permission to the physician or health care provider selected by Mountain Workshop trip leader to secure medical treatment, hospitalization, secure anesthesia, and/or to order or consent to injection, surgery or medication for my child named above. I understand that The Mountain Workshop and any such health care provider will be relying on my completing and signing this form.

PARTICIPANT’S NAME (please print) _____

Yes ___ No ___ Will your child be using or carrying any prescription drugs? If yes, please explain.

Yes ___ No ___ Does your child have any allergies (medications, food, bees, etc.)? If yes, please explain.

Does your child have any condition now requiring medical attention or regular medication? If yes, please explain.

Does your child have any condition restricting his/her activity? If yes, please explain.

Is there anything else we should know about your child to better serve him/her and the entire group?

Parent/Guardian Signature _____ Date _____

Print Name _____

Other Mountain Workshop Program Information?		
Do you want to receive our summer youth program brochure?	_____ Yes	_____ No
Do you want to be added to our E-MAILING LIST?	_____ Yes	_____ No
I would also like information regarding	_____ Corporate Programs	_____ School Programs

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35 Miry Brook Road
Danbury, CT 06810
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www.mountainworkshop.com

****PLEASE RETURN THIS COMPLETED FORM TO YOUR SCHOOL PRIOR TO THE TRIP DATE****