



# Friends of Rye Nature Center

## Parent/Guardian Waiver and Release of Liability

I am the parent or guardian of \_\_\_\_\_ (“My Child”) who intends to participate in programs, camps, workshops, special events, and/or parties (collectively “the Program”) operated by Friends of Rye Nature Center (“FRNC”). I hereby consent to the participation of My Child in the Program and release FRNC, its officers, directors, agents, and employees (the “Released Parties”) from and against, any and all claims, including injury to person, or for death, or from loss of, or damage to, property in any way connected to such participation. Further, I agree to indemnify and hold harmless each of the Released Parties, and all of them, from any liability they may incur as a result of My Child’s participation.

I fully understand and acknowledge that: 1) risks and dangers exist by virtue of the nature of the Program activities of hiking, climbing, outdoor games, and (if enrolled in Paddle Adventure Camp) kayaking . My Child’s participation in hiking, climbing, and outdoor game activities, and undertaking activities in natural forests including trees, unfenced water and rock formations, and (if applicable) walking to or from the Program, 2) such activities, My Child’s use of equipment related to, and/or participation in, such activities may result in illness or injury or death or damage to personal property, and 3) these risks and dangers may be increased and damage may occur due to actions of other participants, or by accidents, forces of nature or other causes. I understand that such risks may arise from foreseeable or unforeseeable causes and that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. I hereby knowingly and voluntarily accept and assume these risks and dangers and the risks of illness, injury or death or damage to personal property on my behalf and on behalf of My Child. I further acknowledge and agree that I have received, read, and understood the risks of the Program described in the Parent Handbook and knowingly consent to those risks.

In a medical emergency, I grant FRNC certified staff permission: 1) to treat My Child’s injuries within the scope of staff training, 2) to take My Child to a hospital via motorized vehicle or ambulance, and 3) to authorize examination and treatment of injuries, x-rays and any other necessary care for My Child. It is my intention that this release shall be interpreted as broadly and inclusively as permitted by law and that it shall be binding on My Child, my spouse, all members of my family, their heirs, executors, and assigns.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Parents Whose Children Are Enrolled in Forest School Program and Will Be Walked by FRNC Staff:** As part of My Child’s enrollment in the Program, I give FRNC staff permission to walk My Child to and/or from their preschool. I understand My Child will be crossing the Boston Post Road under FRNC staff’s supervision. I understand that if FRNC staff determines that My Child is not participating in the walk to school in a safe manner, I may be required to provide separate transportation for My Child.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Friends of Rye Nature Center

## Behavior and Cancellation Policies and Photo Release

This page addresses our cancellation policy, behavior agreement, and photo release. Please initial next to each section and sign at the bottom regardless of which program you are attending.

Child's Name: \_\_\_\_\_

**Cancellation Policy for All Programs Other Than Preschool:** No refunds or credits will be given towards other programs, camps, or events. In the event that the undersigned cancels their child's registration for any reason, including relocation, FRNC will issue a donation receipt for the unused portion of the program fees. Membership is non-refundable.

Initial: \_\_\_\_\_

**Cancellation Policy for Preschool Programs:** I understand that my membership, deposit and application fee are non-refundable and that I must make the payments according to the fee schedule. I understand that if I choose not to enroll in the program, I must let FRNC know in writing by June 1, 2024 for a refund less the non-refundable deposit (\$1,500 for the 3-day or 5-day programs or 20% of the total program fee for the 1-day or 2-day programs). I understand that no refunds or credits are available after June 1 for any reason. I understand that if full tuition is not received by June 30, 2024, FRNC reserves the right to cancel my enrollment.

Initial: \_\_\_\_\_

**Behavior Agreement:** I understand that FRNC reserves the right to cancel this contract and My Child's enrollment in the Program at any time if the staff finds that the Program is not suitable for My Child due to repeated conduct by My Child that the staff finds unacceptable and that any refund in such situation will be at FRNC's discretion.

Initial: \_\_\_\_\_

**Photographic Permission and Release:** I hereby grant FRNC permission to copyright, publish, use and reproduce, in whole or in part, alone or with others, any photograph, moving picture, videotape or recording taken or made of My Child, in any medium, for any purpose related to the Program, whether or not My Child is named or otherwise identified, and I agree to waive any right of inspection or approval.

I authorize photo permission. Initial: \_\_\_\_\_

I do not want my child to be photographed. Initial: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_