

# PROGRAM WAIVER

for year 2010

## Friends of the Rio Grande Nature Center State Park

- Only one waiver is necessary per child per year. Please request a new one if information changes.
- Return this form to: Rio Grande Nature Center State Park, 2901 Candelaria Road NW, Albuquerque, NM 87107  
Attention: Programs. Or, fax to (505) 344-4505.
- Questions? Call (505) 344-7240.

Name of Participant \_\_\_\_\_ Age (child) \_\_\_\_\_ Home phone: \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Work phone: \_\_\_\_\_

Address \_\_\_\_\_ Cell phone, if available: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

*Do you need special accommodations to participate in this program? Yes \_\_\_\_ No \_\_\_\_*

*The Rio Grande Nature Center is accessible to people with disabilities. If you need special accommodation to participate in this program, please call (505) 344-7240 at least five days prior to the program date.*

### **AGREEMENT, WAIVER, AND RELEASE**

I, \_\_\_\_\_, acting for the participant, and having carefully read this agreement, acknowledge that I understand its contents and agree to be bound by all of the terms and conditions set forth herein. The signature at the end of this agreement indicates my understanding and commitment to the agreement.

Parents are reminded that every reasonable precaution will be taken to provide for the safety and care of the participant. In the event of an accident requiring emergency care, necessary arrangements will be made. However, parents must assume financial responsibility.

The participant and/or person signing this waiver understands that there are certain risks and dangers involved and will ensure that the participant is properly clothed and outfitted.

THE UNDERSIGNED HEREBY WAIVES any and all claims that he or she may have against the State of New Mexico, Energy, Minerals and Natural Resources Department, State Parks Division, Friends of the Rio Grande Nature Center State Park, program leaders and volunteers, and forever releases the same, EXCEPT THAT the foregoing waiver and release is not effective if the claim is caused by a tortious act or omission of the State of New Mexico, Energy, Minerals & Natural Resources Department, State Parks Division.

Signature of participant or parent/guardian for minor child/ward:

X \_\_\_\_\_ Date \_\_\_\_\_

### **AUTHORIZATION FOR MEDICAL SERVICES (FOR MINORS ONLY)**

I/We, parent(s)/guardian(s) of \_\_\_\_\_ (name of child/ward), hereby designate the program leader or his/her designee to act in my behalf to authorize such hospitalization, medical attention, and/or surgery as may be required in an emergency because of illness or injuries sustained by my/our child/ward while participating in Friends of the Rio Grande Nature Center State Park activities. I/We hereby assume financial responsibility for hospitalization, medical attention, transportation, and surgery provided. I/We request that I/We be contacted within a reasonable time in the event of illness or injury requiring medical services.

Allergy Alert: Please call \_\_\_\_\_ at \_\_\_\_\_ for more information.

Emergency contact person: \_\_\_\_\_ Phone \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

### **Information sheet for Parents and Guardians**

I understand the refund policy.

I have read and understand the Parent Information.

Parent or Guardian X \_\_\_\_\_ Date \_\_\_\_\_