



# Carver County Parks -Waiver & Photo Release-

Participant Name (print): \_\_\_\_\_ Age: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Consent for ambulance/hospital responders to treat in the case of an emergency.

**Health Concerns:** Does the participant have any health concerns and/or special needs that our Instructors should be aware of for this program? Please describe:

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, give permission for my child/family to partake in the marked Carver County outdoor recreational programs initialed below on \_\_\_\_\_ date.

**Please select applicable activities below:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Day Camp</b> <small>(Please select all activities listed)</small> | <input type="checkbox"/> <b>Disc Golf</b>                     |
| <input type="checkbox"/> <b>Paddle Sports</b>   | <input type="checkbox"/> <b>Maple Syrup Tour</b>              |
| <input type="checkbox"/> <b>Archery</b>   | <input type="checkbox"/> <b>Teambuilding Games/Activities</b> |
| <input type="checkbox"/> <b>Log-Rolling</b>   | <input type="checkbox"/> <b>Outdoor Cooking</b>               |
| <input type="checkbox"/> <b>Fishing</b>   | <input type="checkbox"/> <b>Snowshoeing</b>                   |
| <input type="checkbox"/> <b>Slackline</b>   | <input type="checkbox"/> <b>Cross-Country Skiing</b>          |
| <input type="checkbox"/> <b>Geocaching</b>  | <input type="checkbox"/> <b>Ice Fishing</b>                   |
| <input type="checkbox"/> <b>Survival Skills</b>   | <input type="checkbox"/> <b>Kick Sledding</b>                 |

I understand that participants in this program will be involved in various activities both on and off the water during the duration of this program. I hereby release Carver County, their officers, directors, agents, employees and volunteers from any claims, demands, injuries, damages, actions or causes of actions whatsoever arising out of or connected with my child/family participation in the programmed activities. I hereby grant Carver County Parks and to its employees, agents and assigns the right to photograph my dependent/family and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed document to the instructor at the event. If a child does not bring a completed waiver they will not be eligible to participate in the activity/activities. If you aren't able to re-scan a signed copy, a photo will be accepted. Please contact 952-466-5250 with any questions.