

EIH Birding Camp Participant Release Form

This release form MUST be completed and signed by the parent/legal guardian for minors. This form is necessary for all attendees. If we do not have a completed form, your child will not be allowed to attend.

Attendee's Full Name: _____ Age: _____

Full Home Address: _____

Home Phone: _____ Work / Cell Numbers: _____

Emergency Contact: _____ Relationship to Attendee: _____

Phone Number: _____ Secondary Phone Number: _____

Insurance Provider: _____ Policy #: _____

Allergies: (medication, food, etc.) _____

Medical Conditions: (diabetes, asthma, etc.) _____

Medications currently being taken: _____

I understand this event may be strenuous and adverse weather conditions may occur. Nevertheless, I assume the risk involved. In the event of an accident, I authorize the Environmental Institute of Houston to provide emergency medical attention for my child during the week of November 25–27, 2019. I have been assured that all reasonable care will be taken to prevent an incident; therefore, I will not hold:

University of Houston-Clear Lake or the Environmental Institute of Houston or their employees liable should an accident occur.

I also give my consent to the use of any photographs taken of me by the Environmental Institute of Houston for editorial and/or promotional purposes.

Attendee Name: _____ Date: _____

I, _____ (parent/guardian), give permission for my child, _____, to attend Birding Camp at the Environmental Institute of Houston located on the campus of the University of Houston-Clear Lake, November 25–27, 2019.

Signature of Parent/Guardian: _____ Date: _____

Relationship to Attendee: _____

Funding for this program is provided by Texas Parks & Wildlife Department Co-Op Grant.



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PROUD PARTNER