



Oyase Community School

*A Program offered by Community Wilderness Initiative
in cooperation with Vermont Wilderness School*

(802) 257-8570
PO Box 2585
Brattleboro, VT 05303



www.VermontWildernessSchool.org
office@VermontWildernessSchool.org

(Please print in ink)

Visitor's Name _____ Date of Birth ____/____/____

Nickname _____ Gender Male Female Age _____

Parent Guardian Name _____

Address _____ Home Phone _____

Address (continued) _____ e-mail _____

City _____ State _____ Zip _____

In case of emergency

First contact:

Name _____ Relationship _____

Home Phone () _____ Business Phone () _____

Alternate contact: _____ Relationship _____

Home Phone () _____ Business Phone () _____

Family Physician _____ Phone () _____

Please list and describe any Allergies, Medications, Physical Challenges, or Behavioral Issues:

I hereby give consent for emergency hospitalization for _____ (print participant's name) if it becomes necessary as a result of his/her participation in Oyase Community School. I understand that the program is a physically and mentally strenuous activity and may be in a remote wilderness area far from the facilities of civilization. I have communicated any allergies, injuries or conditions that may affect my child's participation in the program. I realize that failure to disclose such information could result in serious harm to my child and fellow students and agree to indemnify and hold Vermont Wilderness School & Community Wilderness Initiative harmless if all relevant information is not disclosed. I also agree to notify Oyase Community School should there be any change in my child's health status prior to the start of his/her program.

Parent/Guardian's Signature _____ Date _____

REQUIRED SIGNATURES

VERY IMPORTANT! PLEASE READ THIS PAGE CAREFULLY.

At Vermont Wilderness School & Community Wilderness Initiative, the safety of each student is our highest priority. We take all reasonable precautions to ensure your child's physical and emotional safety and to provide a quality experience that focuses on fun, safety and character development. However, as in any other experience, we cannot eliminate all risk from our programs. By signing the following statements you will be acknowledging that you understand the risks of attending Oyase Community School, assuming liability for your child's participation and certifying that your application is complete and truthful.

Acknowledgement of Risk

I understand that the program takes place in rocky, mountainous and forested terrain and that water activities are a part of the experience. The following potentially hazardous activities, as well as others not mentioned, may be undertaken: building natural shelters, hiking, wading, cooking, fire building, use of tools, and use of knives. These activities can cause personal injury, property damage, illness or death.

Parent/Guardian signature

Date

Assumption of Liability

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release Vermont Wilderness School and Community Wilderness Initiative employees, agents, volunteers, program participants and anyone else acting in any capacity on their behalf (hereinafter, collectively referred to as "Vermont Wilderness School") from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my child's participation in Oyase Community School. I further agree to hold harmless and indemnify Vermont Wilderness School and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my child's participation.

Parent/Guardian signature

Date

Statement of completeness

Campers with a variety of medical/psychological/physical conditions or problems can successfully participate in our program but WE MUST BE AWARE OF THESE CONDITIONS. Other students, staff, and the applicant are all put at risk when this information is withheld. I understand that if my child arrives at the program with a pre-existing condition, injury or other health problem not indicated on this application which Oyase Community School staff discovers because of its negative impact on my child's experience, fellow campers, staff, or the program, my child may be asked to leave the program s/he is attending and I will receive no refund of tuition. I hereby certify that I have answered all questions on this application truthfully and completely. If circumstances change between today and the day of program so that this application is no longer truthful or complete I certify that I will fully inform Oyase Community School of the new circumstances.

Parent/Guardian signature

Date