



CUMBERLAND MOUNTAIN STATE PARK JUNIOR RANGER DAY CAMP



June 12 - 16, 2017

8:30 A.M. - 12:00 P.M. Monday through Thursday, Friday 6:30
P.M. - 9:30 P.M.

Camp will be limited to 30 participants

Ages 8-12

Cost will be \$25 per participant

Deadline for Applications & T-shirt June 1

Student Name _____

Age of Student _____

T-Shirt Size _____

Parent's Name _____

Address _____ City _____

State _____ Zip _____ Phone (H) _____ (W) _____

Emergency Phone Number _____

E-Mail Address _____

Programs are Monday – Thursday 8:30 A.M.-12:00 P.M., Friday 6:30 P.M.-9:30 P.M. All registered campers agree to participate throughout the program period and arrive daily at 8:30 A.M. Any camper not able to attend class is required to notify the Park Ranger (931)484-6138 (park office) in advance of program time.

Legal guardians must sign the Release of Liability form before attending the Junior Ranger Day Camp.

Parents are asked to voluntarily fill in the medical questionnaire. This form alerts Park Rangers to any allergies or medical conditions that might require immediate attention in the field (i.e. bee sting allergy, diabetes, etc.)

Applications & Waiver of Liability must be dropped off at our Park Office by June 1st

ATTENTION: No application will be accepted through the mail this year!!!

**Make Checks payable to:
CMSP Friends Group**

**STATE OF TENNESSEE
CUMBERLAND MOUNTAIN STATE PARK
JUNIOR RANGER CAMP
AGREEMENT, WAIVER OF LIABILITY, AND RELEASE**

This agreement is between the undersigned and The State of Tennessee, Division of State Parks

Cumberland Mountain State Park agrees to:

1. Provide the participant an environmental educational program;
2. Assist the participant with the preparation for the Program;
3. Provide staff to conduct the Program.

By accepting a place in the environmental camp, the participant and his or her parents understand the he/she must accept full responsibility for her/his choices, decisions and behavior in the program setting, and agrees to:

1. Inform himself/herself fully about the program, its activities and the expected risks involved in participation;
2. Participate fully in the program by assuming full legal responsibility for personal behavior;
3. Recognize that participation in the program is voluntary and that the participant must assume the inherent risk in the program, including, but not limited to, injury and illness. The student and his/her parents, by signing below, voluntarily assume full responsibility for any risks of loss, property damage or personal injury. These risks include, but are not limited to the following: Participants will be hiking on bluffs with steep drop-offs where footing may be dangerous. Participants may slip or fall. Exposure to natural elements can be uncomfortable or harmful. Temperature and weather extremes may result in sunburn, dehydration, heat exhaustion, heat stroke, or hypothermia. Poisonous or dangerous plants, insects, or animals may cause injury or allergic reactions. Participants may be involved in water activities with the risk of falls resulting in severe injury or drowning. **With this understanding, the participant and his or her parents hereby release, waive, discharge, and covenant not to sue the State of Tennessee, their officers or employees. The participant and his or her parents agree to release the State from any and all liability, claims, demands, actions and damage, or injury, including death that may be sustained by the student, while participating in this program unless caused by gross negligence.**
4. Supply the name, address, telephone number, and relationship of any individual or individuals who will be responsible to make health care decisions for the undersigned in the event of absence of decisional capacity. If such person cannot be reached, then the undersigned authorizes the program's faculty member or his/her representatives to act on the student's behalf in the event of a medical emergency;
5. Adhere to all standards of conduct and cooperate with all state park staff;

WE FURTHER AGREE TO HOLD HARMLESS AND INDEMNIFY THE STATE, ITS OFFICERS AND EMPLOYEES FOR ANY SUCH INJURY, DEATH, ILLNESS, DISEASE, PROPERTY DAMAGE OR EXPENSE ARISING FROM OR CONNECTED TO PARTICIPATION IN THESE ACTIVITIES. The participant and his or her parents agree to release the State from any and all liability, claims, demands, actions, and damage, or injury, including death, that may be sustained by the participant, while in this program unless caused by gross negligence.

I have read, understand, and agree to comply with all of the above.

Student's Signature _____ Date _____

Name (printed) _____

Parent's Signature _____ Date _____

Name (printed) _____

Health History

Voluntarily Fill Out

Please Check – Give Approximate Date

ALLERGIES:

Hay Fever	_____	Convulsion	_____
Ivy Poisoning, etc.	_____	Diabetes	_____
Insect Stings	_____	Bleeding/Clotting Disorders	_____
Penicillin	_____	Chicken Pox	_____
Asthma	_____	Measles	_____
Other Drugs	_____	German Measles	_____
Frequent Ear Infections	_____	Mumps	_____
Heart Defect/Disease	_____		

Date of operations or illness: _____

List of any chronic or recurring illness: _____

Other illnesses or details from above: _____

Name of family physicians: _____

Do you carry family or medical/hospital insurance? _____

Carrier: _____

Any activities to be restricted or encouraged by physician's advice? _____

Any health related suggestions from parents/guardians? _____

Parent/Guardian Authorization:

This health record is accurate so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as recognized above.

I hereby give permission to the physician selected by the state park ranger to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the park ranger to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above.

Signature of Parent/Guardian

Date
