

Junior Naturalist Program Registration and Emergency Health Information

Please fill out entire form, waiver, and payment and return to the Putnam SWCD office.

Name of Participant: _____

Address: _____

Parent/Guardian Name: _____ Phone # _____

Email: _____ Grade for 2025/2026 School Year _____

Emergency Health Information:

Allergies: _____

Emergency Contact: _____ Phone # _____

All communication will be through email unless we need to get in touch during the program in which we will call the phone number you provide here.

Photo Release – Please circle one of the following.

I **DO** give my permission or **DO NOT** give my permission for photos of my child, taken during the naturalist program, to be displayed on social media concerning the event or on other education material produced by the district.



WAIVER AND ASSUMPTION OF RISK

I _____, wish to have my child _____
(Parent/Guardian Name) (Child Name)

participate in the above noted program, hosted by the Putnam Soil and Water Conservation District. As part of registering my child, I hereby agree as follows:

1. I acknowledge that I am aware of the risks associated with this program and the possibilities of accident or injury which are inherent in this type of activity. I understand that my child will be wading and walking through a stream with a rocky bottom, pulling net samples of creek critters out of a stream and quarry, utilizing tools to create a fire, walking trails in a wooded terrain to learn mapping skills, and walking through a nature preserve after dark (with flashlights). I understand while there will be shelter, my child will be outdoors for the duration of the session. I declare that my child is fully covered by medical, dental and hospital insurance, including emergency treatment, and that I am fully protected in the case of an accident to my child.
2. I acknowledge that there are inherent risks associated with this activity and that my child could sustain personal injury through participation in this activity and I am hereby accepting to take that risk on behalf of myself and my child.
3. To save harmless and keep indemnified The Putnam Soil and Water Conservation District and their respective agents, officials, servants and representatives from and against all claims and actions, costs and expenses and demands, in respect of injury, loss or damage or death to myself or my child. The same applies to Ohio Department of Natural Resources and the volunteer staff and owners of Quarry Farm Nature Preserve.
4. I affirm that my child is in good health, capable of participating in the program and activities of the Junior Naturalist Program, and I accept personal risk on behalf of myself and my child for the consequences of such participation.
5. To keep everyone safe, I agree that my child will follow the rules and guidelines of the Junior Naturalist Program.
6. In the event of an accident or medical problem suffered by my child, I consent to the Junior Naturalists Program leaders seeking out the appropriate medical care.
7. I declare this Waiver and Assumption of Risk is binding on me, my child, my heirs, executors, administrators and assigns.

I have read this Waiver and Assumption of Risk and I fully understand all aspects of it.

Signature of Parent/Guardian

Date

For questions, please contact Bonnie Brooks or Sarah Rieman at the Putnam SWCD at 419-523-5159.