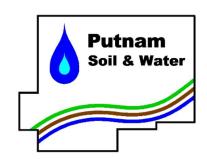
## Putnam Soil and Water Conservation District Summer Junior Naturalist Program

Join us for 3 morning sessions to be immersed in nature. Professionals from ODNR, the Quarry Farm and Putnam SWCD will be leading children into the environment to identify birds and their ecosystems, learn the skill of fishing, and explore the world of insects and pollinators. Children will receive a butterfly net, magnifier, basic fishing supplies, bird life list, and field guides. The program is open to students going into 4<sup>th</sup> - 6<sup>th</sup> grades. Participants must attend all 3 mornings and bring a water bottle each day. A maximum of 15 students may attend.



**Dates:** June 11, 12 and 13

**Time:** 9:00-11:00 am

Locations:

**Tuesday, June 11<sup>th</sup>:** The Quarry Farm Nature Preserve

14321 Road 7-L Pandora, OH 45877

Wednesday, June 12th: Sugar Camp 7

14186 Road I Ottawa, OH 45875

Thursday, June 13<sup>th</sup>: Ottawa Reservoir

1972 S Agner St. Ottawa, OH 45875

**Attire:** Children should wear long pants and close toed shoes as well as other necessities for the day if desired including sunscreen, hat, bug spray, and water bottle.

**Registration:** \$20 per child. Forms are available on our website putnamswcd.com or at our office.

Payment (Cash or Check only) can be sent to:

Putnam SWCD 1206 E. Second Street Suite 2 Ottawa, OH 45875

## 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:	
Email:	Grade for 2024/2025 School Year
Emergency Health Information:	
Allergies:	· · · · · · · · · · · · · · · · · · ·
Emergency Contact:	Phone #
All communication will be through email unless we will call the phone number you provide her	s we need to get in touch during the program in which e.

## **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 m	y child
(Parent/Guardian Name) participate in the above noted program, hosted by the As part of registering my child, I hereby agree as fol	(Child Name) ne Putnam Soil and Water Conservation District.
1. I acknowledge that I am aware of the risks associ accident or injury which are inherent in this type of a close by a pond, stringing fishing hooks onto a line, terrain, catching insects in a bug net which will includragonflies, and other assorted insects. I understand outdoors for the duration of the session. I declare the hospital insurance, including emergency treatment, accident to my child.	ictivity. I understand that my child will be fishing walking trails in the woods by wetlands and hilly de many types of insects like bees, butterflies, d while there will be shelter, my child will be at my child is fully covered by medical, dental and
<ol><li>I acknowledge that there are inherent risks assoc sustain personal injury through participation in this a on behalf of myself and my child.</li></ol>	· · · · · · · · · · · · · · · · · · ·
3. To save harmless and keep indemnified The Putn respective agents, officials, servants and representa costs and expenses and demands, in respect of inju The same applies to Ohio Department of Natural Re Quarry Farm Nature Preserve.	tives from and against all claims and actions, iry, loss or damage or death to myself or my child.
4. I affirm that my child is in good health, capable of Junior Naturalist Program, and I accept personal rist consequences of such participation.	
5. To keep everyone safe, I agree that my child will f Naturalist Program.	follow the rules and guidelines of the Junior
6. In the event of an accident or medical problem su Naturalists Program leaders seeking out the approp	
<ol> <li>I declare this Waiver and Assumption of Risk is badministrators and assigns.</li> </ol>	inding on me, my child, my heirs, executors,
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.