



Use this side if coming to our Science Center

Your child's class will be participating in a Learning Experience at the Abernathy Science Education Center on the campus of the Education Service Center at **Greenbush**.

During the Learning Experience, lab photos and/or video may be taken of students participating in hands-on activities and used for marketing and educational purposes for the Abernathy Science Education Center and/or the Education Service Center at *Greenbush*. A signed permission form is required for each child that will be valid for the entire school year.

Please read and sign the form below. Be sure to check the selection that applies and return to your child's teacher.

Please note that the 3rd grade Motion and Stability and Middle School Engineering Ropes Lab utilize the Ropes Course and both sides need filled out for those labs

PHOTO RELEASE Greenbush staff may take photographs and/or video people participating in our programs for use in educational and promotional materials, in publications, or on our website or social media pages. By signing below you give us permission to do so. Please note, this is an educational environment,

SIGNATURES REQUIRED FOR PARTICIPATION

Signature of Participant

Signature of Parent or Guardian
(If participant is under 18 years of age)

Printed name of Participant

Printed name of Parent or Guardian

Emergency Contact Information: In the event of injury or illness, please indicate Emergency Contact information below:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____



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Name: _____ Gender: Male Female
Date of Birth: _____ Height: _____ Weight: _____ Age: _____
Insurance Company: _____ Policy Number: _____
Medical Numbers: _____ Medical Card Number: _____

Medical Information

Yes No Do you have any physical or health disabilities or handicaps (temporary or permanent) that you or your doctor feel would limit your participation on the ropes course?

If yes, please explain: _____

Yes No Have you had surgery in the past year or are you under any follow-up care for any conditions that may limit your participation?

If yes, please explain: _____

Allergies

Yes No Do you have allergies?

If yes, mark those that apply:

- Food Tree/Grass Weeds Insect Bites Animals Latex
 Other (please list): _____

Seizures

Yes No Do you have seizures? If yes, please explain frequency and describe any visible warning signs:

Do you have any of the following conditions? Please provide additional information for those that apply.

- Yes No Asthma _____
- Yes No Speech, Visual, or Hearing Impairment _____
- Yes No Diabetes _____
- Yes No History of heart disease, heart attacks, high blood pressure, irregular heartbeat, or any other heart condition? _____

Please list any other conditions that you believe may limit your participation or that you would like us to be aware of:

Participant Release of Liability I affirm that the confidential medical information I have provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Greenbush harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

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ROPES COURSE DISCLOSURE Greenbush Challenge Ropes Course programs use a variety of activities including warm-ups, games, and team building initiatives and high and low ropes course activities. While some of these activities can be physically demanding, they are designed to be within the capability of anyone who is in reasonably good health. All ropes course activities are presented on a "challenge by choice" basis, meaning that participants choose their own level of participation. Although safety is an extremely high priority of all Greenbush activities, there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury. The information requested on this form is intended to help inform challenge course staff of any pre-existing medical conditions, and to help determine if consultation with your physician is recommended prior to participating in course programming. I understand that parts of the Greenbush Challenge Ropes Course may be physically and emotionally demanding. I agree to follow all safety instructions given by ropes course staff during the sessions. I recognize the inherent risk of injury on the ropes course, and that I must assume the risk of bodily injury, death, or property damage of any kind or nature whatsoever that could result from ropes course activities, the unavailability of emergency medical care, or the negligent or deliberate act of myself, another participant, or any other person. I release all staff, agents, contractors, instructors, employees, personnel, administrators, and board of directors of Greenbush from all liability for any bodily injury, death, or property damage of any kind or nature whatsoever that I may sustain as a result of participating in ropes activities.



Visiting Classroom Information

ATTENTION TEACHERS: As a part of the Greenbush Safety and Security Plan, the Department of Student Enrichment is now requiring our visiting classroom teachers to complete the following information for each attended learning experience. *Below is the information EACH visiting teacher needs to provide.*

Date of Session: _____

Teacher Name: _____

Grade Level: _____ USD # & School Name: _____

Attending Students:

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.
16.	17.	18.
19.	20.	21.
22.	23.	24.

Paras/Aides/Parent Volunteers/Others Attending:

Bus Driver Name(s) and Contact Number:

