

# CONTRACT OF ARRANGEMENT / WAIVER

## Wildflowers Nature School

### Earth Camp, Homeschool & Scout Programs

Children's Names: \_\_\_\_\_

**APPLICANTS, PARENTS, GUARDIANS MUST READ THIS STATEMENT BEFORE SIGNING:**

**I have read the attached "Parent Handbook" and agree to all information contained within.**

All further references to "Wildflowers Nature School" shall include all programs hosted by, run by, or associated with Wildflowers Nature School, such as, but not limited to: Earth Camp, field trips, preschool, nature club/classes ("scouts"), homeschool enrichment programs, "community work days," campouts, backpacks, etc. I hereby approve of my son/daughter/self (child, parent, or volunteer) joining the Wildflowers Nature School and any activities it hosts &/or sponsors. I certify that the information given on the forms turned in is true to the best of my knowledge. My son/daughter/self is in good physical condition and there is no reason that he/she/ I cannot participate in any of the activities, unless otherwise indicated on the "Health Form". I understand that it is strongly recommended that he/she/I have a physical examination by a physician to approve his/her/my participation in outdoor activities. In the event of illness or injury occurring to my son/daughter while involved in any Wildflowers Nature School activity or field trip, I consent to any emergency medical or surgical procedure or treatment considered necessary. Any costs incurred will be my responsibility, including that of ambulance/ helicopter if deemed necessary. No costs incurred will be the responsibility of Wildflowers Nature School.

In an emergency, I authorize Wildflowers Nature School to release my child / children to the people on the "Identification and Emergency Information" form in the event I am unable to pick him/her up myself. I release Wildflowers Nature School from any and all responsibility for problems that may develop when such persons take my child from the premises.

I understand that outdoor activities, such as those at a nature-based school or working farm, such as this is, naturally contain risk. In consideration of the benefits to be derived from participation in such activities, I do choose for my child/self to participate. Any and all claims against Wildflowers Nature School, its employees, its volunteers, and other representatives working under the direction of Wildflowers Nature School, engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by my child or myself or to my, his or her property, in connection with or incidental to a Wildflowers Nature School activity or trip is hereby expressly waived by the applicant / applicant's parents or guardians.

I understand that Wildflowers Nature School may not admit unimmunized children without a valid exemption. I understand that due to possible exemptions, there may be children who are not immunized here. When there is "good cause to believe" that an unimmunized child has been exposed to a communicable disease listed in Health & Safety Code Section 120325, the child may be excluded from the program until the local public health department decides that the child is no longer at risk of developing the disease.

Unless otherwise noted on this form, I give permission for: 1) My contact info to be given to parents in the same program. I agree that if I should receive contact information for other families, to only use this information for the purpose of arranging carpooling, play dates, and other similar non-commercial purposes. 2) For photographs that include my child to be used (fliers, brochures, etc.).

I understand this is a contract for enrollment for the period of time stated below. If I choose an installment plan, I understand that an installment is a payment on the semester or annual fee, not a fee for monthly services. I accept the responsibility for fees as agreed below, according to the Parent Handbook. I have thoroughly read, understand, and accept the terms of the above contract and the Parent Handbook, including refunds.

Session signing up for: \_\_\_\_\_

Agreed upon fees: \_\_\_\_\_

Mother/guardian signature	Print mother/guardian name	Date
---------------------------	----------------------------	------

Father/guardian signature	Print father/guardian name	Date
---------------------------	----------------------------	------

Other, if any, signature	Print name & relationship	Date
--------------------------	---------------------------	------

**ALL ADULTS WHO HAVE ANY CUSTODIAL RIGHTS TO CHILD NEED TO SIGN THIS FORM.**