

# CONTRACT OF ARRANGEMENT / WAIVER

## Wildflowers Nature School

### Earth Camp, Homeschool & Scouts 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" shall mean "Wildflowers Nature School" and 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, workshops, classes, events, meetups, classes, backpacks, etc. I hereby approve of my son/daughter/self (child, parent, &/or volunteer) joining Wildflowers 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, 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 necessary. No costs incurred will be the responsibility of Wildflowers Nature School.

In an emergency, I authorize Wildflowers 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 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, 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 owners, its employees, its volunteers, its neighbors, the owners of any land we may be on, and any representatives working with Wildflowers Nature School, connected to 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, arising out of or related to a Wildflowers Nature School activity or trip is hereby expressly waived by the applicant / applicant's parents or guardians. In case of dispute, I consent to mediation as a condition precedent to the initiation of any adjudicative action or proceeding, including arbitration.

Unless I have 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.), 3) My child to hike off property onto adjacent properties without a field trip form.

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.

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.

Program & Session or Year 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.