



**BEan IN Nature  
Application and Questionnaire Form  
Emergency Contact Information**

**Please print for legibility and complete ALL forms.**

**Child's  
Name:**

\_\_\_\_\_

<b>First</b>	<b>Last</b>	<b>Middle</b>
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**Mother's Name:**

\_\_\_\_\_

<b>First</b>	<b>Last</b>	<b>Middle</b>
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**Father's  
Name:**

\_\_\_\_\_

<b>First</b>	<b>Last</b>	<b>Middle</b>
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**Address:**

\_\_\_\_\_

<b>Street Address</b>	<b>Apartment/Unit #</b>
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\_\_\_\_\_

<b>City</b>	<b>State</b>	<b>ZIP Code</b>
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**Home Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_



**Thank you very much for taking the necessary time to fill this form out and for desiring this program as a place for your child to play with a small group of children outdoors, connecting to nature.**

- 1) What is pleasurable and easy for you with regard to your child's personality?
  
  
  
  
  
  
  
  
  
  
- 2) What is challenging about your child and his/her personality?
  
  
  
  
  
  
  
  
  
  
- 3) How do you and/or your family deal with conflict and discipline?
  
  
  
  
  
  
  
  
  
  
- 4) What is something you would like or think that I should know about your child?
  
  
  
  
  
  
  
  
  
  
- 5) Are you comfortable with your child getting muddy and dirty? (Please note, your child WILL get dirty and your response to this is important to whether they feel ok with being involved in the play that happens at BEan IN Nature.)

6) How do you feel about your child learning (if they don't already know how) how to urinate outside? There are times when our restrooms are not near the location and we are hiking or exploring and we refer to this private moment we need to take as 'a nature bathroom break'.

7) What fears might you have about nature?

8) How do you describe your connection to nature?

**Thank you for sharing all that you have on this questionnaire. After years of teaching, these questions arose as important ones to be asked. The answers do help in determining in BEan In Nature can be wonderful place for you to have your child attend.**

## Emergency Contact and Medical Information for a Child

<hr/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

### Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>
<hr/> <p>Home Phone</p>	<hr/> <p>Home Phone</p>
<hr/> <p>Work Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>

### Medical Information

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Hospital/Clinic Preference

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<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Insurance Company</p>	<hr/> <p>Policy Number</p>

Allergies/Special Health Considerations

Child be given ( ) Aspirin ( ) Children's Tylenol Dosage\_\_\_\_\_

Non-Emergency treatments: May child be treated with:\_\_\_\_\_

Sunblock ( ) Insect repellent ( ) Homeopathic medicines ( )

Comments: \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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Parent's/Guardian's Signature

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Date



**PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Sport, Venue Use and Related Activities.

I, \_\_\_\_\_ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with BEan In Nature, transportation of equipment related to the activities, and at activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability and death.
2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment
3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN.

However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.

4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, padded and nonpadded barriers, other persons, and other natural and manmade hazards.
5. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles.
6. Exposure to the elements and temperature extremes may result if frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
7. Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
8. Accidents or illness occurring in remote places where there are no available medical facilities.
9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
10. Impact or collision with other participants, spectators, family employees, pedestrians, motor vehicles and cyclists.\*I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness or death.

**Release of Liability, Waiver of Claims and Indemnity Agreement**

In consideration for being permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releasees.

\_\_\_\_\_  
Owner (Company and/or Person)

2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.
4. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement.  
This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I

HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Name of Adult Participant (Please Print)

\_\_\_\_\_  
Date

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

\_\_\_\_\_  
Signature of Parent or adult legal Guardian if

\_\_\_\_\_  
Name of Parent or adult legal Guardian (Please Print)

\_\_\_\_\_  
Date

Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have

\_\_\_\_\_  
Name of Minor (Please Print)

\_\_\_\_\_  
DATE