



**Pigeon River Country Discovery Center
K-12 Youth Program Participation Waiver,
Medical Authorization & Photo Release**

Participant Information

Participant Name: _____

Date of Birth/Age: _____

Program/Camp Name: _____

Program Date(s): _____

Parent/Guardian Name(s): _____

Address: _____

City/State/ZIP: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship to Participant: _____

Emergency Contact Phone: _____

Alternate Emergency Contact: _____

Alternate Relationship: _____

Alternate Phone Number: _____

Authorized Pick-Up Individuals

A photo ID may be required for participant pickup.

Name	Relationship	Phone Number

Medical Information

Please list any medical conditions, allergies, dietary restrictions, behavioral considerations, or medications staff should be aware of:

Allergy & Emergency Information

Does your child have any severe allergies requiring emergency treatment?

No Yes (please explain): _____

Does your child carry an EpiPen?

No Yes

Location of EpiPen (if applicable): _____

Sunscreen & Insect Repellent Permission

Parent/Guardian supplied products only

Discovery Center-approved products may be used

Do not apply sunscreen or insect repellent

Participation Acknowledgment & Liability Waiver

I understand that participation in programs, camps, hikes, outdoor recreation, environmental education activities, crafts, field activities, transportation, and related events through the Pigeon River Country Discovery Center may involve inherent risks, including but not limited to falls or physical injury, exposure to weather and environmental conditions, uneven terrain, insect bites and tick exposure, contact with plants including poison ivy, wildlife encounters, water-adjacent activities such as stream exploration or shoreline observation, transportation-related risks, loss of and damage to property and other hazards

commonly associated with outdoor educational activities.

I acknowledge that my child is voluntarily participating in these activities and that I assume all reasonable risks associated with participation.

On behalf of myself and my child, I hereby release, waive, and hold harmless the Pigeon River Country Discovery Center, the Pigeon River Country Association, and the Michigan Department of Natural Resources. its officers, employees, volunteers, partners, affiliates, and program instructors from any and all claims, liabilities, damages, costs, or expenses arising from participation, except in cases of gross negligence or willful misconduct.

Medical Authorization

In the event of an emergency, I authorize program staff to secure appropriate medical treatment for my child if I cannot be reached immediately.

I understand every reasonable effort will be made to contact me prior to treatment whenever possible.

Parent/Guardian Initials: _____

Behavior Expectations

- Follow staff instructions
- Treat others respectfully
- Use equipment appropriately
- Stay with the group unless given permission otherwise
- Help create a safe and welcoming environment

The Discovery Center reserves the right to dismiss a participant whose behavior creates safety concerns or substantially disrupts programming. Parents/guardians may be contacted for early pickup if necessary.

Parent/Guardian Initials: _____

Campers are asked to leave any valuables and electronics at home. The Discovery Center and its employees and volunteers are not responsible for lost or stolen items.

Transportation Permission

Yes No

Photo & Video Release

I grant permission to the Pigeon River Country Discovery Center and affiliated partners to photograph, video record, and/or otherwise capture my child's likeness during program activities.

I understand these images or recordings may be used for educational, promotional, fundraising, social media, website, print, newsletter, or reporting purposes without compensation.

YES — I authorize photo/video use

NO — Please do not use my child's image

Acknowledgment & Signature

I certify that I am the parent/legal guardian of the participant listed above and that the information provided is accurate to the best of my knowledge.

I have read and understand this waiver and release form.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Discovery Center Use Only

Received By: _____

Date Received: _____