



ONSC PARTICIPANT REGISTRATION FORM

Participant Name				Teacher (Student)			
Email				Employer (Adult)			
Mailing Address			City		State		Zip
Home #		Work #		Cell #		Other #	
Date of birth	Age	Sex	Height	Weight	Date of last tetanus shot?		lbs.

Participant history with any of the following:

- Asthma*
 Cancer
 Diabetes
 Heart abnormalities
 High blood pressure
 Seizures*
 Stroke
 Other (please specify any other medical conditions) _____

** Participants with severe asthma or history of seizures must submit a copy of their most recent Asthma Action Plan or Seizure Action Plan*

Medications (please list ALL current medication(s) including inhalers, over-the-counter medication, vitamins, etc.):

Medication name / mg	Taken for	Dosage amount	Doses per day / time	Date medication began

Allergies/ Dietary Restrictions (Please list specific details related to allergy, including type of reaction):

- Food
 Pollen/Hay Fever
 Latex
 Medication(s)
 Metals/Minerals
 Plants/Trees
 Insect bite/sting
 Other (please be specific)

Other Limitations (Please explain):

Recent operation or illness
Physical or mental limitations

Parent / Guardian (for youth participants):

Name(s)	Home #	Cell #	Relationship
Name(s)	Home #	Cell #	Relationship

In case of emergency, what other local person(s) may be contacted and have your permission to pickup participant:

Name(s)	Telephone #	Relationship
Name(s)	Telephone #	Relationship
Name(s)	Telephone #	Relationship

Health Coverage information (in case of an emergency):

Health Insurance Company	Policy Number
Policyholder's Name	Policyholder's date of birth
Family Physician	Telephone

Does your ONSC Program include a T-Shirt? Yes No

Non-Program T-Shirts may be purchased for \$10 each

<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult X-Large	<input type="checkbox"/> Adult XX-Large
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Communication:

ONSC sends monthly e-news to our program participants. You may unsubscribe easily at any time. ONSC will never provide your email or contact information to other organizations.

Media Acknowledgment:

The Ozark Natural Science Center uses photographs of and statements made by its participants in our print, electronic and other materials. We do not name participants unless permission is given. Uses may include newsletters, brochures, videos, presentations and other materials which help tell the story of the tremendous impact of our programs. Your signature below acknowledges your understanding of this policy and your consent to our use of your photo and statement.

Date	Signature of participant or Parent / Guardian
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No, please do not use my photographs or statements

Ozark Natural Science Center

*A nonprofit field science and environmental education, camp and conference facility in northwest Arkansas.
1905 Madison 1305 • Huntsville, AR 72740 • 479.789.2754 • www.onsc.us*



OZARK NATURAL SCIENCE CENTER PROGRAM PARTICIPATION RELEASE AND INDEMNITY CLAUSE

I understand that participation in courses and programs provided by the Ozark Natural Science Center, its employees and agents (hereafter referred to as "ONSC") involve inherent risks and dangers, including hazards associated with being in an outdoor environment that may include extreme heat, cold or altitude, and participating in program activities in outdoor areas that are remote and inherently dangerous. I understand that such activities are often physically and emotionally demanding. I further understand that I/my child will be participating in science or nature-related programming with other participants under circumstances where accidents, mistakes or other circumstances may result in injury to me/my child. To enable ONSC to provide programming, and as partial consideration for my participation in such programs:

1. I accept and assume the risk of bodily injury, death, or property damage occurring while participating in the above activities from these and other risks and dangers. I voluntarily choose to participate in the activities notwithstanding such risks and dangers and accept full and sole responsibility for doing so.
2. I, for myself and my heirs, successors, assigns and personal representatives, hereby release and discharge ONSC, their respective agents, employees, officers, directors, volunteers and successors and assigns (hereinafter referred to individually or collectively as "Releasees") from any liability or causes of action whatsoever arising from, or on account of, property damage, economic loss, personal injury, or death, related to my participation in the activities, including, without limitation, any liabilities or causes of action based on, asserting, or caused by the negligence of Releasees or of other persons.
3. I further hereby covenant not to sue and agree to indemnify and hold harmless Releasees from any liability or causes of action whatsoever arising from property damage, economic loss, personal injury, or death, related to my/my child's participation in the activities, including, without limitation, any liability or causes of action based on, asserting, or caused by the negligence of Releasees or other persons.
4. This Release and Indemnity Agreement shall be binding on me and my heirs, successors, assigns, and personal representatives.
5. If any provision herein is invalid or unenforceable in whole or part, that shall not affect the validity or enforceability of any other provision.

CAREFULLY READ BEFORE SIGNING

Participants' or Parent/Guardian Signature

Printed Name

Date

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