



MONTANA NATURAL RESOURCES YOUTH CAMP APPLICATION

July 13-18, 2025 (Sunday to Friday)

Application Deadline: Monday, June 30th

The camp fee for the entire 6 days of camp is \$300
(many scholarships available, see page 2)

The application packet needs to include the application, a deposit of \$150 or a full fee of \$300, and a letter of recommendation.

Montana Natural Resources Youth Camp
MSU Extension Forestry
W.A. Franke College of Forestry & Conservation
32 Campus Drive, Missoula, MT 59812-0606

Please read the following information on pages 1-3 before completing the application. This application requires parent or guardian's signatures, insurance, health, and travel information, and a letter of recommendation (only required for first-year campers). Please complete this application accurately; any missing information or signatures will result in delays and will be considered incomplete.

The camp is dedicated to keeping campers and adults safe while providing a fun and educational experience at camp. We will continue to comply with county, state, and federal health restrictions. For any reason, we cannot hold camp this year, we will send out notifications, and refunds will be issued. If you have any questions about the camp, feel free to contact (406) 243-2773.

Letter of Recommendation. First-year campers must obtain a letter from a 4-H leader, teacher, school counselor, county extension agent, or natural resources professional. The letter must include the applicant's emotional maturity, why this camp would benefit the applicant, the clubs, or organizations they participate in, and the ability to interact positively in an unfamiliar setting for a week with peers and instructors. No letters from family members will be accepted, regardless of background or employment! Letters must be typed with the contact information of the person who is recommending the potential camper.

Applicants will not be considered for admittance without a letter of recommendation.

Camp Sponsorships. The camp offers many sponsorships through various organizations based on need, as we do not want the cost of the camp to limit a child from participating. If you would like to take advantage of a sponsorship offered through the camp (see page 4). The camp director will match the opportunity to the camper and a notification will be sent as we highly recommend a thank you card be sent to the sponsor. However, we recommend that those who need help paying for camp try to secure sponsorship on their own. A full list of agencies and organizations that have supported campers in the past and current opportunities is available on the camp website at https://www.montana.edu/extension/forestry/mnryc/stipends_sponsorship.html.

Travel Assistance Grants. The grant pays up to \$200 and is available upon request. If travel is a minimum of 100 miles one-way, \$1 per 10 miles traveled can be requested, up to a maximum of \$200. Grant can be combined with camp fee sponsorship depending on availability and circumstance. To request the travel assistance grant, see the bottom of page 5 of the application.

For Return Campers. An overnight backpacking trip around Clearwater Lake is available for return campers. Annual overnight backpacking trip is schedule for Friday the 18th and Saturday the 19th.

This opportunity starts the day before camp. Participants will leave right after camp is over at 3:00 pm and head to Clearwater Lake (15 miles north of Seeley Lake) by 5 pm after going over gear such as assigning sleeping bags, food, and tents. The trip is a 2 ½ mile hike around Clearwater Lake along a fairly level trail. We will hike in about 1 to 1 ½ miles to the backside of the lake where we will set up a campsite. Participants can leave additional camp luggage needed for camp in a locked cabin on Friday and Saturday. Backpackers will return the next day, Saturday the 19th by 2:00 pm

10 spaces are available. To be considered, please write a double-spaced statement (about 500 words) explaining the following. Why do you want to participate in the backpacking trip? What will you gain from the experience? What do you hope to learn? What challenges do you think you will encounter? The statement will need to accompany the application, and no letters after the **June 30th** deadline will be accepted.

Backpacks and sleeping bags can be provided, though if campers possess their own, they are encouraged to bring them. Sturdy hiking shoes are required (running shoes do not qualify) that offer good, stable foot protection and traction. If new shoes are used, campers are highly recommended to wear them for at least 5 miles before backpacking (putting them on wet and walking them dry is a good way to break them in). This will prevent blisters or foot abrasions, as hiking up and down trails with weight differs from just walking. Objectives for this trip are to have fun, experience an out-of-the-way place, learn the basics about packing for a trip (meals, drinking water, clothing, safety), and set up a comfortable and functional camp with minimum impact on nature. We will also have some basic leadership discussions that will be important for the rest of the week as return campers may have a few additional responsibilities towards new campers. There are trout in the lake so campers may want to bring their fishing rods (only rods that can be taken apart to 4 feet or smaller - fly or spin cast). You will need a fishing license to fish. Swimming is also possible, and the water is crystal clear. There are leeches in the lake, but they generally leave you alone if you stay out of the mud (the adult backpack leader swims in the lake all the time). A minimum of 2 adults (though typically 4) will accompany campers. Food is supplied. Please indicate special diet restrictions to us before going on this trip as we will purchase frozen dried meals beforehand. An additional fee of \$50 applies to help cover travel, permits, equipment sanitation, and food.

MONTANA NATURAL RESOURCES YOUTH CAMP

Quick Facts

WHERE: At Lubrecht Experimental Forest, approximately 30 miles east of Missoula, on Highway 200.

WHEN: **Campers should arrive between 3:00 pm and 5:00 pm on Sunday.** They should be registered and settled into their cabins before 4:30 p.m. They should be on time to attend the camp orientation session at 4:30 p.m. The first meal will be at 5:30 p.m. on Sunday.

Campers are to be picked up at **3:00 pm** on Friday, after the slide show. **Parents are encouraged to attend the slide show presentation at 2:30 pm, the capstone of our week at camp.**

WHAT TO BRING TO CAMP: The following checklist of materials needed for camp is provided below.

- | | | |
|---|--|---|
| <input type="checkbox"/> Sleeping bag or bedding | <input type="checkbox"/> Comfortable outdoor clothing | <input type="checkbox"/> Swimsuit |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Warm jacket and/or sweatshirt (nights are cool) | <input type="checkbox"/> Eyeglass strap (if you wear glasses) |
| <input type="checkbox"/> Bedsheet (twin size) | <input type="checkbox"/> Rain jacket | <input type="checkbox"/> Water bottle |
| <input type="checkbox"/> Towels | <input type="checkbox"/> Hiking boots or comfortable close-toed shoes | <input type="checkbox"/> Backpack (swimming and rafting) |
| <input type="checkbox"/> Toiletries (soap, shampoo, toothpaste, toothbrush, deodorant, etc.) | <input type="checkbox"/> Shower shoes | <input type="checkbox"/> Sunscreen and insect repellent |
| <input type="checkbox"/> Change of clothes for 5 days (Jeans or long pants for some activities) | <input type="checkbox"/> Shoes suitable for rafting | <input type="checkbox"/> Flashlight or headlamp |
| | <input type="checkbox"/> Hand sanitizer or hand wipes | <input type="checkbox"/> Personal Medication, (if any) |
| | <input type="checkbox"/> Cap or hat | |

Optional

- Camera
- Extra Blanket (nights can be cold)
- Camping pad or blow-up mattress (twin-size)

Note: Mornings are often cold at Lubrecht, even during the summer, please bring some warm clothes.

ALCOHOL, DRUGS, GUNS, TOBACCO, VAPES, MATCHES, AND FIREWORKS ARE PROHIBITED
We reserve the right to search personal belongings for prohibited items.

MONTANA NATURAL RESOURCES YOUTH CAMP APPLICATION

Name _____ Home Phone _____ Cell Phone _____

Mailing Address: _____
 (Street) (City) (State) (Zip)

Hometown: _____ Birth date: _____ Age (at time of camp) _____
 (mm/day/year)

Gender Male Female T-shirt Size (adult sizes): XS S M L XL 2XL

Camper email: _____ Parents/Guardian email: _____

- I am a new camper.
- I am a return camper.
- I want to participate in the overnight backpack trip Saturday and Sunday (open to return campers only, see page 2 for details, additional fee of \$50 required)

Natural Resources Background

What natural resources experiences have you had? (Camping, farming, fishing, hiking, etc.) _____

What natural resource activities are most interesting to you? (Check all those that apply)

- Forestry Range Wildlife Soils Geology Stream Management Ranch Management
 River Rafting Hiking Other _____

What new activity would you like to learn about while at camp? _____

How did you find out about this camp? _____

Camp Registration Fee

The camp fee covers the cost of lodging, meals, camp activities, and educational materials. **The full fee for the Core Program is \$300.00.** If you are a returning camper and would like to participate in the **Overnight Backpacking Trip**, add an additional **\$50.00** to the core fee. If you wish to split the fee into two payments, \$150 is due with the application, and the second half of \$150 is due at check-in to camp or before.

Payment can only be made by check and mailed with the application (address on page 1). Make check payable to "MNRYS" and write the **name of the camper** on the memo line of your check.

Camp Sponsorships

If you would like to take advantage of sponsorship or have your own, please indicate the name of the organization and the amount of sponsorship _____

Note: It is highly recommended that campers give a formal report to their sponsor after returning from camp.) The \$300 fee covers approximately 25% of the cost per student. The balance is covered by larger grants from various agencies and non-government organizations and industries that are obtained by the MNRYS board of directors on an annual basis.

Cancelations made before July 13th (first day of camp) will receive a full refund, upon an emailed notification to the director stating the reason for cancellation and needs to be approved. No-shows will forfeit their camp fees already paid. If camp is canceled due to unforeseen circumstances, written notice and full refunds will be issued.

TRAVEL FORM
(To Be Completed by Parent/Guardian)

The camp **does not provide** shuttle service or overnight accommodation before or after camp. However, we do offer a carpool option (see below).

The camp can arrange for pick-up and/or drop-off for people traveling by bus or airplane. Arrangements need to be **scheduled 20 days before the first day of camp**. The itinerary needs to be emailed to the camp director.

If a camper is driving a vehicle to camp, they will be required to give the ignition keys to the camp director and will not be able to use the vehicle for the duration of the camp unless there is an emergency.

ARRIVAL:

My son/daughter will be arriving by:

- car Driver: _____
- bus
- airplane
- other

DEPARTURE:

My son/daughter will be leaving by:

- car Driver: _____
- bus
- airplane
- other

I understand, that these instructions will be followed in getting my child to and from camp, and I understand that I am certifying the accuracy of the travel information provided. Unless I inform the camp director of our permission for any change, our campers will be expected to follow the instructions above.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Please indicate here, if you consent that we can share your contact information with other parents for possible carpooling to and from camp.

- Yes, please share my contact information for possible car-pooling.
- No, do not share my contact information.

Travel Assistance Grants

The grant pays up to \$200 and is available upon request. If travel is a minimum of 100 miles one-way, \$1 per 10 miles traveled can be requested, up to a maximum of \$200. Grant can be combined with camp fee sponsorship depending on availability and circumstance.

I would like to request Travel Assistance ____ Yes ____ No ____ Maybe

CAMP RULES AND CAMPER RESPONSIBILITIES

CODE OF CONDUCT AGREEMENT

The organizers of the Montana Natural Resources Youth Camp and the staff of Lubrecht Experimental Forest want your week to be filled with exciting experiences, new friendships, and fun. To help make this happen, each camper is expected to be considerate of others, participate fully in the camp program, and observe the following rules. The camp rules are intended to assist in providing for the health, safety, and social well-being of everyone attending camp. If a situation or question arises which is not covered by this list, ask the Camp Director **before acting**.

- *The camp has a zero-tolerance policy. We expect all campers to be curious to everyone, this means any profanity, foul language, or bullying will not be tolerated at any time. This policy also applies to bullying through social media and messaging platforms, such as group chats.*
- *Cell phones or similar electronic devices are not to be used during scheduled activities so that other aspects of living in a camp setting can be enjoyed. If you wish to use your phone to take pictures during scheduled activities, you may do so. If cell phones become disruptive, and cause or influence inappropriate behavior, action will be taken by the camp director. For the first offense, the phone will be taken away and returned that evening. For the second offense, the phone will be taken away for the duration of camp, however, limited usage will be granted during the day or evening. Depending on the severity of the offense and if other rules have been broken, the camp director has the discretion to send the camper home.*
- *Any personal conflicts within cabins or color groups should be brought to the attention of the Camp Director at any time. This can include personal hygiene, behavior, use of bad language, or anything that makes you uncomfortable. We will keep your concerns confidential and will evaluate and address the issue(s) immediately. Do not be afraid to talk to us about anything.*
- *Respect the camp facilities and natural surroundings and deposit litter in the containers provided. Any defacing or destruction of Lubrecht or MNRYC camp property will result in being sent home and cover the cost of damages.*
- *Attendance of all classes and scheduled activities is required, so be prompt.*
- *Physical contact, such as shoving, hitting, or tackling is prohibited.*
- *Respect other's privacy. Boys are not permitted in or near girl's cabins, nor are girls permitted in boy's cabins.*
- *Cabin curfews are mandatory for your safety. You may leave your cabin at night to use restrooms, but make sure to summon a cabin mate; do not go outside by yourself. You may not leave your cabin at night to explore or visit other cabins. If you are feeling ill, alert a cabin mate to summon a camp counselor, the camp director, or first aid staff.*
- *You are required to stay within the camp premises during free time for the duration of camp. Obtain the camp director's permission before leaving camp for any purpose.*
- *Any non-camp visitors must see the camp director **before** interacting with students. If you see any suspicious strangers or activity in the camp or classroom areas, immediately report it to instructors/camp counselors or camp director.*
- *You may not start fires in woodstoves or the camp area without the explicit permission of the camp director.*

- *If driving your personal car to camp, you will be required to give the ignition keys to the camp director and will not be able to use the vehicle for the duration of the camp unless there is a personal emergency that is cleared with the camp director.*
- *All prescription medication information must be written down on the camp application for the First Aid staff. This ensures that if anything happens, our first aid staff can relay pertinent information to healthcare providers.*
- *Unless indicated on the first aid form, please hold on to all prescription and/or over the counter medication.*
- *No PDA! Please keep it discreet, we do not want to see anything beyond holding hands.*
- *ALCOHOL, DRUGS, FIREARMS, TOBACCO, VAPES, MATCHES, AND FIREWORKS ARE PROHIBITED. We reserve the right to search personal belongings for prohibited items. Any searches will be conducted only by sanction of the camp director and by counselor teams. The camper will be present during such searches to ensure privacy and respect are maintained during such circumstances.*

It is not possible to anticipate every possible situation that might come up. Without a rule regarding a specific activity or situation, **PLEASE CONSULT A CAMP COUNSELOR OR DIRECTOR.**

Violating any of these rules is grounds for dismissal of the participant, forfeiting camp fees, and non-acceptance to future camps. The camp director will promptly notify the parent/guardian, and transportation home will be at their own cost.

I agree to cooperate fully with the camp director, instructors, and camp staff if I can attend the Montana Natural Resources Youth Camp. I will take advantage of all reasonable opportunities to promote the conservation of natural resources in my community after I return home. I have read, understand, and accept the camp rules and consequences if they are broken. I also understand that violating these rules is grounds for dismissal and forfeiting my camp fee.

By checking this box, I acknowledge your understanding of your responsibilities as a camper.

Participant Signature

Participant Name (please print)

Date

As a parent or guardian of the participant, I acknowledge and understand the Montana Natural Resources Youth Camp rules. I also understand that in the event my child is dismissed from camp, I will work with the camp director to arrange transportation home from camp at my cost.

By checking this box, I acknowledge your understanding in the event my child is dismissed from camp.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

CAMPER'S MEDICAL FORM

Each camper is required to provide proof of their own health insurance. If they do not have insurance, then a 30 policy (July 1 – July 31, 2024) must be obtained before applying. A brief medical history is required to identify details such as medications, allergies, injuries, limitations, etc., that the first aid staff needs to be aware of. **It is very important to include all pertinent information accurately.**

The MNRYC will have an **on-site First Aid station** for this year's Montana Natural Resources Youth Camp and will have arranged to have basic supplies available in case of an accident or illness. We assure you that your child's safety will be of the utmost importance throughout the camp and that we anticipate a safe and fun experience for everyone involved. **Each child must have health insurance coverage during camp.**

We require basic medical information for each camper. Please ensure your child has enough medications to last the whole camp. Failure to disclose pertinent medical information may result in denial of the application or the child being sent home. Please complete the forms below.

Participant's Name _____ Date of Birth _____ Age _____

Emergency Contact #1 Name: _____ Relation: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Emergency Contact #2 Name: _____ Relation: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Primary Care Physician: _____ Phone: _____

Medical Insurance Coverage _____ Policy # _____

Please indicate any medication your child is currently taking (medication, reason, dosage per day, times, prescribing doctor, and noted side effects).

Does the prescription medication need to be kept cold? Yes No N/A

Would you like the First Aid Staff to hold and administer my child's prescription medication? Yes No N/A

Do you wear Medic Alert tags? Yes No

Have you had a Tetanus shot in the past ten years? Yes No

(If the last tetanus shot was over 10 years ago, a booster shot is recommended before the start of camp)

Do you have any physical complaints, limitations, or chronic illnesses at this time? Yes No

If so, what? _____

Are you currently under the care of a doctor? Yes No

If so, for what? _____

Do you have or had any of the following?

- Diabetes Asthma Heart Problems Chronic Headaches
- Seizures Weak Muscles Nervous Systems Disorder (such as Tourette Syndrome)
- Diagnosed with a Mental Disorder (such as anxiety, depression, OCD, bipolar)
- Developmental Disabilities (such as autism spectrum) Communicable Diseases
- Other _____
- None

If you have any of these conditions, please explain: _____

Do you have any allergies and/or reactions to allergens (such as food, medications, pollen, animals, or animal dander)?

Yes No If yes, explain in detail: _____

Special dietary needs? Yes No If yes, explain: _____

I give my child permission if needed (under the supervision of the camp First Aid person) to take simple medications such as Tylenol, Advil, Ibuprofen, antacids, antihistamines, cough syrup, cough drops, etc. (as per label instructions). *(If your child regularly takes any of these, please have them bring their own)*

Yes No Special conditions: _____

I am of the opinion that the above-named camper can safely participate in this event and that he or she has no contagious or communicable disease.

His or her health is; Poor Fair Good

I hereby give my consent for (*campers' name*) _____ to attend this event. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure proper treatment (including emergency surgery) for my child. In case of a minor emergency, I hereby give permission for the camp First Aid person to administer first aid.

Date

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Parent/Guardian Acknowledgement, Release, and Power to Authorize Medical Treatment

I hereby grant _____ permission to attend the Montana Natural Resources Youth Camp. I understand that each camper is required to be covered by health or accident insurance that their family or guardians provide. The Montana Natural Resources Youth Camp does not cover health or accident insurance. I have read the Camp Rules and understand that violating them is grounds for dismissal of my son or daughter and forfeiture of fees and that the return home in the case of dismissal will be at my expense. WHEREFORE, pursuant to the consent that I have granted above for the minor child’s participation in the Montana Natural Resources Youth Camp, my agreement to provide health or accident insurance for the minor child, and my understanding of the Camp Rules, I hereby make the following acknowledgments or releases:

1. I acknowledge that there is an inherent risk in the activities in which my child will engage during Montana Natural Resources Youth Camp. Those risks include, but are not limited to: dangerous natural conditions such as dangerous plants or insects; weather which could lead to dehydration, heat stroke, hypothermia or death; expected or unexpected encounters with wildlife which could lead to injury or death; dangerous natural conditions of rivers or streams which could cause injury or death or water temperatures which could lead to hypothermia and drowning; campfires; indoor and outdoor camp settings which may not have adequate lighting at night; hiking trails which may contain obstacles or uneven terrain; whitewater rafting on rapids which could cause occupants to suffer injury or death; ropes course and climbing wall the use of which could lead to participant suffering injury or death; exposure to water that could lead to accidental drowning; and damage to my child’s person or property. I agree to assume all risk associated with my minor child’s participation in the Camp.
2. I hereby waive any right to any claim against the Montana Natural Resources Youth Camp or any of its employees or agents for any injury, loss, damage, accident, delay or expense result from any act or omission of any carrier, government, private legal entity, or third person. I also assume sole responsibility for and agree to indemnify the Montana Natural Resources Youth Camp against any loss due to any financial obligation or liabilities that I may personally incur, or any damages or injury to persons or property that I or my minor child may cause during his or her participation in the course.
3. I further release the Montana Natural Resources Youth Camp from any claims arising from the aggravation of any physical disability or illness not disclosed to Montana Natural Resources Youth Camp and grant the employees and agents of the Montana Natural Resources Youth Camp full authority to take whatever actions they may consider to be warranted under the circumstances regarding my minor child’s health and safety, and, at their discretion, to place him or her in any hospital or in the hands of any local doctor for medical treatment at my own expense, or to transport my minor child by any means of conveyance required at my own expense for medical treatment or in the event of my demise.
4. I certify that my minor child is in good health and to my knowledge does not have any physical problems which would hamper his or her participation in said activities.
5. I certify that I have explained to my minor child that there are inherent risks involved in his or her participating in Montana Natural Resources Youth Camp which could lead to injury or death.
6. I certify that the information that I and my minor child have provided on the Camp application and all related forms and releases is accurate.

WHEREFORE, I have subscribed to this document on this the _____ day of _____, 20 ____

Parent Signature

Parent Name (please print)

Witness to Signature

Witness Name (please print)

Acknowledgment of Participant

I have read the acknowledgment of risks outlined in Paragraph 1 above, and am aware that my participation in Montana Natural Resources Youth Camp involves inherent risk which may lead to injury or death. I understand that I am assuming that risk by participating.

Participant Signature

Participant Name (please print)

Photo Release

Parental Permission for Minors (under 18 years old)

Every year, the Montana Natural Resources Youth Camp (MNRYC) develops a camp video. The video is posted to the MNRYC website and MNRYC YouTube account. During educational activities associated with the camp, campers and other participants may be photographed or filmed. This form grants permission to use images of campers for the camp video, promotional materials, or social media posts on grantor sites (such as Montana Society of American Foresters (MSAF), Montana Department of Natural Resources and Conservation (DNRC), Dennis and Phyllis Washington Foundation), in addition to other educational and promotional purposes that support the mission of the MNRYC.

I, (please print) _____, give the MNRYC permission to record still and motion images of the minor named below. I understand that these images will be in the public domain, i.e., the rights belong to the community at large, are unprotected by copyright or patent, and are subject to appropriation by anyone worldwide. I understand that the MNRYC may store these images for use in any medium in perpetuity.

Signing this form is neither mandatory nor necessary for camp participation. Without this permission, images of campers will not be featured in the camp video, promotional materials, or social media posts on grantor sites (such as Montana Society of American Foresters (MSAF), Montana Department of Natural Resources and Conservation (DNRC), Dennis and Phyllis Washington Foundation). In addition to other educational and promotional purposes that support the mission of the MNRYC.

Minor's Name (please print) _____

Parent/Guardian's Name (please print) _____

Parent/Guardian's Signature _____ Date _____

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of Montana River Guides, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MRG"), I hereby agree to release, indemnify and discharge MRG, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that **whitewater river rafting, canoeing, river boarding, kayaking, and/or river rescue classes** entail known and unanticipated risks that could result in serious physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

These risks include, among other things: whitewater rapids will be encountered; your boat could turn over and/or you could have to swim rapids risking collision with rocks and entanglement in trees; head injuries can occur; you can slip or fall during a hike, resulting in damage to equipment or personal injury; exposure to the natural elements can be uncomfortable and/or harmful; you should be aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke and heat cramps; also prolonged exposure to cold water can result in hypothermia; exposure to potentially dangerous wildlife, insects, plants; and accidental drowning is also a possibility.

Furthermore, MRG employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of all the risks.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless MRG from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or use of MRG's equipment or facilities, including any such claims which allege negligent acts or omissions of MRG.
4. Should MRG or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MRG on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ E-Mail _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by MRG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MRG from any and all claims which are brought by, or on behalf of Minor, and are in any way connected with such use or participation by Minor.

Signature of Parent/Guardian _____ Print name _____ Date _____

Montana River Guides reserves the right to use any photographic or film records of this activity for promotion and/or commercial purposes.

City of Missoula Parks and Recreation Program
HEALTH HISTORY FORM – updated May 2020

First _____ Last _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL _____ PHONE _____

Date Of Birth _____ AGE _____ M _____ F _____

IN CASE OF EMERGENCY, PLEASE CONTACT

Name _____ Phone _____

CHECK ALL THAT APPLY AND INCLUDE SPECIFICS OF PERTINENT MEDICAL HISTORY

____ Known Allergies _____

____ Past Injuries/Illnesses/Seizures/Surgery & Dates: _____

____ Current Medications _____
(Parks and Recreation Employees are generally unable to administer medications)

____ Behavioral Concerns/Mental Illness _____

____ Glasses and/or contact lenses _____ Hearing Aids/Cochlear Implants _____

____ Other _____

Doctor's Name _____ Phone _____

Insurance Policy and Number _____

IF PARTICIPANT IS UNDER THE AGE OF 18 PLEASE FILL OUT THE SHADED BOX BELOW:

SWIMMING ABILITY: _____ Beginner _____ Intermediate _____ Advanced
 Any additional information about swimming ability _____

AUTHORIZED PICK UP
 For the protection of your child, children, or those in your care, staff MAY ask for a picture ID upon pick up. We will not release participant to any other person NOT listed. Person picking up must be 18 or older unless person is specified by the child's legal guardian.

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

ANY OTHER INFORMATION ABOUT YOUR CHILD YOU THINK WE SHOULD KNOW?

PLEASE READ - THIS IS A LEGAL DOCUMENT.
 2 PAGES! PLEASE READ AND FILL OUT BACKSIDE! → THIS IS A LEGAL DOCUMENT-PLEASE READ

**City of Missoula Parks and Recreation Program
PERSONAL RELEASE AND ASSUMPTION OF RISK**

ASSUMPTION OF RISK I am aware and understand that programs offered by Missoula Parks and Recreation are potentially dangerous activities with the potential for death, serious injury, and property loss. These risks include but are not limited to, hazards of injury to my person or property while engaged in programs offered by Missoula Parks and Recreation. I HEREBY ASSUME ALL RISKS OF PARTICIPATING IN MISSOULA'S PARKS AND RECREATION PROGRAMS. I certify that I am physically fit, have trained sufficiently for participation in this activity, and have not been advised otherwise by a qualified medical person. I am aware and understand the risks of personal injury, accidents, and/or illness, include, but are not limited to sprains, strains, torn muscles, and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, and/or oxygen shortage; head, neck, and spinal injuries; shock; paralysis or death; and serious injury or impairment to other aspects of my body and general health and well being.

PERMISSION TO RECEIVE FRIST AID & SECURE MEDICAL HELP I give permission for the City of Missoula personnel assigned to my activity to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that the City of Missoula does **NOT** provide any medical insurance coverage for me while participating in City of Missoula programs. I also realize that I may be attended by City of Missoula personnel assigned to my activity until medical care is available.

PERSONAL RELEASE I, do hereby for myself, my heirs, executors, administrators, successors, and assigns, release, indemnify, acquit, and forever discharge the City of Missoula, its employees, elected officials, and insurers from any and every claim, demand, right, or cause of action, property damage, personal injury, costs, loss of service, expenses of any kind, and any compensation whatsoever, which I may ever assert by reason of my or my child's presence and/or participation in THE CITY OF MISSOULA PARKS AND RECREATION DEPARTMENT PROGRAMS, including any claims which might arise from natural, environmental, or weather conditions, and/or *possible airborne pathogens and viruses, including but not limited to contraction of Covid-19*, as well as from the nature or condition or manufacture of any structures or appurtenances on the premises, and further including any and all claims which might arise from any use of any equipment which might be attached to or near any structures or appurtenances on the premises, or used in conjunction with the CITY OF MISSOULA PARKS AND RECREATION DEPARTMENT PROGRAM instruction, and all claims which might arise out of the acts or omissions of other persons on the premises, whether directly connected with THE CITY OF MISSOULA PARKS DEPARTMENT PROGRAMS or not.

TRANSPORATION CITY OF MISSOULA PARKS AND RECREATION DEPARTMENT staff may drive myself or my child to and from locations included in the program associated with this waiver in City vehicles.

MEDIA AND PROMOTIONAL I hereby authorize the City of Missoula to use my likeness or picture, or that of my child, in photograph/video or social media for advertising or promotion of the Parks and Recreation Programs

_____ I **DO NOT** want my or my child's image used for publicity purposes.

I hereby acknowledge that this release is voluntarily given with full knowledge of the meaning and consequences of this release. I have read the above RELEASE & ASSUMPTION OF RISK AGREEMENT and fully understand its purpose. **I FURTHER UNDERSTAND BY SIGNING THIS DOCUMENT I MAY BE WAIVING MY LEGAL RIGHT TO A JURY TRIAL TO HOLD THE PROVIDER LEGALLY RESPONSIBLE FOR ANY INJURIES OR DAMAGES YOU MAY SUFFER DUE TO THE PROVIDER'S ORDINARY NEGLIGENCE THAT ARE THE RESULT OF THE PROVIDER'S FAILURE TO EXERCISE REASONABLE CARE".**

I willingly sign below and represent that I am 18 years of age or older and otherwise competent to execute this document, or that my legal guardian is also signing this document.

PRINTED NAME _____

*SIGNATURE _____ Date _____

*Parent or Legal Guardian if under 18 years of age