

Eagle's Wings Retreat Center
2805 Ranch Rd.
Burnet, TX 78611

Parent/Guardian Medical Liability & Audiovisual Release Form

Dear Parent or Guardian:

We are happy your son/daughter will participate in activities at Eagle's Wings Retreat Center (EWRC). For our records and for any possible emergencies that might arise while at EWRC, we ask you to fill out and sign this Medical Liability and AV Release. Please note that your signature is required in two (2) places. Please be sure all information is correct.

Participant Information

Name _____ Birth Date _____
Address _____ City/St. _____ Zip _____
Phone # _____ Cell# _____

Mother's Name _____ Father's Name _____
Mother's Address (if different than child) _____
Father's Address (if different than child) _____
Mother's Phone _____ Father's Phone _____
(if different than child) (if different than child)
Email address of one parent _____

Parent/Guardian Permission

I consent to my son/daughter _____ participating in activities at EWRC. If required, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice, and relieve EWRC, its staff, Board and volunteers of all responsibility and consequence that may result. I will not hold Eagle's Wings Retreat Center, Inc., its personnel or volunteers, liable in the event of injury. I agree to accept all financial responsibility for required medical treatment.

I authorize EWRC to reasonably use contact information and capture images, voice, and likenesses, and retain and use said recordings in any medium/format for any purpose, including, without limitation, promotional and advertising uses, in perpetuity.

My child agrees to abide by all rules and regulations stated by EWRC, staff, and volunteers. I understand that EWRC will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from EWRC at my expense.

I understand EWRC follows state and federal guidance regarding cleaning and infection control, and my child will inform EWRC if they or anyone at EWRC exhibit signs of illness, and acknowledge the risk of contracting an illness at EWRC.

Parent's Signature _____ Date _____
Participant's Signature _____

Medical and Emergency Information

Primary Physician _____ Phone (_____) _____
Preferred Hospital _____ City _____ Phone(_____) _____
Allergies _____ Current Medications _____
Medical Condition we should be aware of _____
In case of emergency, please contact (If different from above)
Name _____ Phone _____
Name _____ Phone _____

_____ Opt-out: Please exclude my contact information from any solicitation (if left unchecked we assume you are ok with us contacting you from time to time via email or newsletters)