

LNC Summer Camp Application

Child's Last Name _____ First Name _____

Sex (*circle*): Male / Female Age _____ Birth date _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Emergency # _____ Email _____

Health issues, Special Needs or request to be with a friend _____

Camp Name _____ Camp Date _____

I hereby authorize the Louisville Nature Center to take any steps to ensure my child's health in case of an emergency. I also authorize the Louisville Nature Center to use my child's name and/or photograph for education and public relations purposes.

In consideration of the Louisville Nature Center allowing my child to participate in this Louisville Nature Center Education Program ("Program"), I, for myself and my child, hereby waive and release the Louisville Nature Center, its officers, agents and employees, from any and all claims or causes of actions for injury, damage or loss to the person or property of my child while participating in the Program. I further hereby agree to indemnify, hold harmless and defend the Louisville Nature Center, its officers, agents and employees, from any and all losses, claims, or causes of action for injury, damage or loss in any way relating to or arising from any incidence arising out of my child's participation in the Program. This Waiver and Release is intended to be an express waiver of and release from any and all claims against the Louisville Nature Center, its officers, agents and employees, arising from my child's participating in the Program, including all claims or causes of action based upon the alleged negligence or gross negligence of the Louisville Nature Center, its agents, officers and employees.

Parent/Guardian Signature _____ Date _____

Amount Enclosed \$ _____ Check # _____

----- or -----

Credit Card MasterCard Visa Discover American Express

Acct. No. _____ Exp. Date _____

Signature _____

Print Name _____

Registration fee **must** accompany the registration form.

Please make your check payable to: Louisville Nature Center.

When registering more than one child, please send information on separate forms.

Mail to: Louisville Nature Center 3745 Illinois Ave, Louisville KY 40213

Fax:502-458-0232