



Long Lake Participant Liability Waiver

Long Lake Conservation Center
28952 438th Lane
Palisade, MN 56469
Phone#: 218.768.4653
Email: info@longlakecc.org
Website: www.LongLakeCC.org

This form must be signed and returned to school/Long Lake in order for any person, adult or student, to attend and participate in Long Lake programming.

Participant Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

School Name: _____

Emergency Contact Name: _____ **Emergency Contact #:** _____

I acknowledge and am aware that this program involves certain inherent risks which I accept and assume. These risks may include (but are not limited to) physical injury, emotional injury, paralysis, permanent disability, illness, death or property damage due to inclement weather; walking on uneven trails; canoeing; cross country skiing; snowshoeing; and other peoples' actions.

I acknowledge that intentional harm to Long Lake property and/or others while at Long Lake may result in compensation for damages and/or legal action.

Following appropriate medical consultation, I have determined that my child's/my health is adequate to participate safely in this program (except as indicated on the Long Lake Participant Health Form). In the event of an emergency, I authorize treatment by emergency medical personnel.

Accordingly, I hereby voluntarily release and forever discharge Long Lake Conservation Center, including all of their personnel, agents, affiliates, staff and directors, from any and all liabilities to me with respect to injury, sickness, disease, loss or damage. This release applies to any and all liabilities to me or my estate of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these released liabilities, I or my estate will indemnify and hold harmless Long Lake Conservation Center for all sums reasonably incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

By signing this document, I understand and agree that if I am hurt or if my 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 the parties being release on the basis of any claim for negligence. I have had enough time to read this agreement and consult with legal counsel if I so chose to do so. I understand that this activity may not be made available to me if I were to choose not to sign this release. I have read and understood this document and I agree to be bound by its terms.

I am a (please check one of the following):

- Participant of legal age/adult.
- Parent/Guardian who will not be attending Long Lake
- Parent/Guardian Chaperone who will be attending Long Lake
- Teacher/Staff of the participating school/group

Select one below:

- Yes, I authorize Long Lake to use any photos taken during the visit in publicity materials and understand my/my child's name will not be used.
- No, I do not authorize Long Lake to use any photos taken during the visit in publicity materials.

Parent/Guardian or Participating Adult Signature _____ Date: _____



Long Lake Participant Permission Form

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- I will be participating in the Long Lake Trip. The following information is my current health information.
- My student will be participating in the Long Lake Trip. The following information is my student's current health information.

Participant's name: _____

School/Group Name: _____

Date of Birth: _____

Health Insurance Provider: _____

Policy Number: _____

Physician: _____ Physician's Phone Number: _____

Primary Emergency Contact _____ Phone: _____

Relationship to student: _____

Secondary Emergency Contact _____ Phone _____

Relationship to student: _____

STUDENT EXPECTATIONS

Long Lake Conservation Center wants everyone to stay safe and have a positive experience. We will, however, send students home for violating Long Lake or school rules. Long Lake has a zero tolerance bullying/harassment policy. If a student needs to be sent home, the parent/guardian will be contacted for pick up. The school and/or the parent/guardian will not receive a refund.

Parent/Guardian or Participating Adult Signature _____ Date: _____

Student Signature _____ Date: _____



Long Lake Participant Diet & Health Form

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Participant	Gluten Free	Vegetarian	Vegan	Lactose Intolerant	Peanut Allergy -Severity	Other Food Allergies List specifics and note severity of allergy (mild, life-threatening, etc.)

- Place an “X” under each category that applies
- If you mark gluten free, vegetarian, vegan, or lactose intolerant, you will receive an alternative meal. In order to accommodate special dietary concerns, forms must be submitted at least two weeks prior to your trip.
- Long Lake is Nut Free. Peanuts and other nuts will not be served or allowed on campus.
- **If dietary needs are severe, you may be asked to send/bring specific food on the trip. Feel free to call Long Lake staff with questions or concerns at 218-768-4653.**

Participant Name	Environmental Allergies	Other Health Information (i.e. on crutches, in wheelchair, or other medical needs that Long Lake staff would need to know)

I, _____, parent guardian of _____; hereby give my permission for:

- Long Lake to give non-prescription medication (aspirin-free) to my student if deemed advisable by teachers and Long Lake staff.
- Long Lake staff to transport my child for medical treatment as needed.
- Long Lake staff, in case of emergency, to hospitalize, to secure treatment for and/or to order injection, anesthesia or surgery for my child as named above. (Any direction to the contrary should be specified at the bottom of this form and signed.) I understand that, should a medical emergency arise, every effort will be made to contact me or my designee before such treatment is given.

Parent/Guardian or Participating Adult Signature _____ Date: _____



Long Lake Participant Medication Form

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Parents/Guardians please list any medication, prescription or other; your student will take while at Long Lake. Include medication name, dosage, and time of day medication should be taken. Additionally, if you have other information or directions, you may write them below the chart.

Long Lake Conservation Center staff are unable to distribute or handle any student medications. Therefore, medications need to be turned into school staff/nurse prior to trip. A student with a prescribed inhaler or epi-pen must bring it with and carry it on them during the trip. Long Lake staff are trained in administering epi-pens.

Student Name _____

Medication	Dosage	AM	Noon	PM	Bedtime	As Needed

My student will not be taking any medication, prescriptions or other, while at Long Lake.

Long Lake does not collect any information from this health form. We inform our staff of dietary needs and any health information that could potentially impact the safest participation in Long Lake programming. In case of emergency while staying at Long Lake, the health information is necessary to provide appropriate medical care.

Additional information or instructions: