Program Registration

Delaware Canal and Ralph Stover State Park

Liability Release, Photo Release, Medical and Emergency

Program ______________________________ **Date(s)** ____________

Participant's Name ______________________________

Address ______________________________

City, State ______________________ **Zip Code** ____________

Phone ______________________ **Cell Phone** ______________________

Email ______________________

Please check if you would like to receive emails on:
☐ park info/programs ☐ iConservePA/DCNR conservation tips/ideas/news

For youth programs: **Birth date/year** ____________ ☐**Male or** ☐**Female**

LIABILITY RELEASE STATEMENT: PLEASE READ AND SIGN

On behalf of myself (and my child/ward), being permitted and willing to participate in DCNR outdoor recreational and educational activities in the above program on said dates: I agree (on behalf of myself and my child/ward) to waive any and all claims against, and agree to fully release, hold harmless, and indemnify, DCNR, its officers, employees, agents, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which I (or my child/ward) may sustain through participation and association with this program.

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Participant Signature ***Date*** ***Parent/Guardian Signature*** ***Date***
(signature required for minor participants)

PHOTO RELEASE: READ AND INITIAL ______ (initial)

I authorize DCNR to publish, display, or use all photographs in which I or my child/ward will appear such as in news articles or on official DCNR related websites without limitation.

MEDICAL TREATMENT RELEASE: READ AND INITIAL ______ (initial)

In the event of injury or illness, I authorize (on behalf of myself and my child/ward) DCNR to obtain first aid and/or medical treatment at the nearest and most adequate facility.

First Emergency Contact (Parent or Guardian for youth programs)

Print Name ______________________ Relationship ____________
Phone (Home) ____________ (Work) ____________ (Cell) ____________

Second Emergency Contact

Print Name ______________________ Relationship ____________
Phone (Home) ____________ (Work) ____________ (Cell) ____________

MEDICAL INFORMATION

Please describe health concerns of which the staff should be aware (e.g. medications, allergies, etc.). ____________

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pennsylvania
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES