

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.

Participant Signature _____

Date _____

Parent/Guardian Signature _____

(signature required for minor participants)

Date _____

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.). _____
