

Everglades Youth Conservation Camp Pine Jog Environmental Education Center

College of Education · Florida Atlantic University
12100 Seminole Pratt Whitney Rd
West Palm Beach, FL 33412
Phone: 561-624-6929 · Fax 561-624-6928

Name _____ Sex _____
Address _____ Age _____
City _____ State _____ Zip _____
Telephone _____ (Home) _____ (Office)

In case of emergency, notify:

Name _____
Address _____
Telephone _____ (Home) _____ (Office)

*****ASSUMPTION OF RISK*****

I certify that I am in good health and capable of full participation in the activities of the Everglades Youth Conservation Camp. I am aware that during wilderness trips and/or instruction courses, that I am participating in under the arrangements of the Everglades Youth Conservation Camp, certain dangers may occur, including but not limited to physical exertion and contact with water, plants, insects and animal life associated with out-of-doors activities, and travel by automobile or conveyance including canoes and bicycles and any type of labor or practices associated with volunteer work.

In consideration of, and as a part payment for, my participation in such trips or other services and activities arranged for me by the Everglades Youth Conservation Camp, I will and do hereby assume all of the above mentioned risks, and will hold the Everglades Youth Conservation Camp, Pine Jog Environmental Education Center, Florida Atlantic University, the State Board of Regents, the State of Florida, and its employees, agents, officers, teachers, and volunteers harmless from and against any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever which may arise from or in connection with my participation in these activities.

Signature (parental signature required if participant is under 18)

Date _____

Activity Name _____