

**WALLED LAKE OUTDOOR EDUCATION CENTER  
MEDICAL CARE AUTHORIZATION FOR MINOR CHILD  
WAIVER AND RELEASE OF LIABILITY**

**Waiver for participants under 18 years of age.** The activities at the Walled Lake Outdoor Education Center (WLOEC) are challenging, strenuous and may not be suitable for individuals who are not in good health and condition. The activities incorporate a variety of activities from hiking, games, and initiatives to more strenuous challenges such as low ropes, high ropes, climbing walls or zip lines. Serious injuries are rare. However, the activities at the WLOEC are such that there is the possibility of serious injury or death. Therefore, Center participants, and their parents or legal guardians, are required to complete and sign this Medical Care Authorization Waiver and Release of Liability form. Prior to your visit, your group leader/school should inform you as to which activities you will participate in during your visit. Questions concerning WLOEC activities and this form should be directed to Stuart Riley at (248) 956-5120.

**Medical Care Authorization**

The undersigned, the parent(s) or legal guardian(s) of the student, hereby authorize employees and agents of the Walled Lake Consolidated Schools (the District) or the Center to secure routine medical care and emergency medical and surgical care for the student at the sole cost of the parent(s) or legal guardian(s).

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Parent(s) or Guardian(s) Names (Print)

*Insurance Information:*

*Parent(s) or Guardian(s) Address:*

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Subscriber's Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Emergency Contact and Telephone

**Accommodation**

\_\_\_\_\_  
Email Address

The District, EDUstaff and the Center, in certain cases, have a legal duty to reasonably accommodate participants. Please indicate if your child has any physical or mental condition, allergy, etc. that you believe requires accommodation and, if so, the nature of accommodation requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Release and Hold Harmless**

I (we) understand that at the WLOEC, my child is expected to follow all the rules presented by WLOEC facilitators and staff including but not limited to: listening and following safety instructions, respecting adults in charge and other participants and encouraging other participants in a positive manner. I (we) fully realize that participation in hiking, high ropes, low ropes, initiatives, zip line, and climbing wall courses involves psychologically and physically challenging situations and that participation in the same could result in injuries included but not limited to: sprains, cuts, rope burns and/or abrasions or more serious injury. The risks and dangers involved may not be reasonably foreseeable. Injuries may be caused by the negligence of the participant or others. I acknowledge that the WLOEC has or will inform my child of all required safety regulations and that my child’s failure to follow the regulations and instructions may result in serious injury. I understand and agree that the District, EDUstaff and the WLOEC are not required to offer and the student is not required to participate in the activities and programs offered at the WLOEC.

I (we) acknowledge that my child’s participation in the WLOEC’s programs means I (we) accept the dangers that are open, obvious and necessary to these activities. I (we) agree to hold the Walled Lake Consolidated School District, as permitted by law, WLOEC, EDUstaff and other participants harmless for any and all damages my child might sustain and suffer in connection with my child’s participation in these programs and activities at WLOEC.

**Signatures of Parent(s) or Guardian(s).**

I (we) have read and understand this entire Medical Care Authorization, Waiver and Release form. I (we) realize this is a legally binding agreement that may not be modified or rescinded except by another written document signed by me (us) and a legally authorized District representative. (Minimum of 1 signature required)

\_\_\_\_\_  
Parent or Guardian Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature  
Date: \_\_\_\_\_

\*\*\*Closed toed shoes are required for all participants (No sandals/No high heels). Dress appropriately for the weather.\*\*\*

**Authorization for Audio and Visual Records**

I (we) understand and agree the District and the Center may make audio and/or visual recordings of the student participating in activities and programs at the Center. I (we) understand such audio and/or visual recordings are the sole property of the District and the Center and may be used and distributed at the District or Center’s discretion.

\_\_\_\_\_  
Parent or Guardian Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature  
Date: \_\_\_\_\_

Office use only: Arrival Date: \_\_\_\_\_  
Departure Date: \_\_\_\_\_