



Tahoe Institute for Natural Science (TINS) Program Waiver

REGISTRATION FORM, AGREEMENT, WAIVER & RELEASE

Participant Name(s)	Birth Date	Class/Camp	Dates/Times	Fees

Mailing Address	City	State	Zip

Parent(s) Name & relation	Day phone(s)	Email

REFUND/ PAYMENT DUE POLICY

No refunds will be given for one-time classes, trips, tours or special events. Full refunds will be given if TINS cancels a program. A partial (50%) refund is given only if requested 30 days before the first day of camp/class. Or you can receive a full credit toward another camp or TINS membership. Payment is due at registration to reserve your spot. Please make checks payable to Tahoe Institute for Natural Science.

*** I have read and understand the Refund/Payment Due Policy.** _____ **(Initials)**

AGREEMENT, WAIVER AND RELEASE

I have carefully read the description(s) of the program(s) for which I/we are registering, and in consideration for being permitted by the Tahoe Institute for Natural Science (TINS) to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in any and all activities during camp. This release is intended to discharge in advance the Tahoe Institute for Natural Science, its officers, employees, and any contractors or agents from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents, and knowing these risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I sustain while participating in said activity.

*** I have read and understand the waiver and release agreement.** _____ **(Initials)**

PARENTAL CONSENT (to be completed & signed by parent/guardian if applicant is under 18 years of age)

I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I understand that this activity may include van or bus transportation & field trips, and will encompass a wide variety of indoor and outdoor games, sports & activities. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN THE TAHOE INSTITUTE FOR NATURAL SCIENCE AND ME, AND AM SIGNING IT OF MY FREE WILL.

Signature	<input type="text"/>	Date	<input type="text"/>
Printed Name	<input type="text"/>		

Please mail this completed form and check to TINS, 948 Incline Way, Incline Village, NV 89451.

Parents: *PLEASE* complete emergency information on the reverse side.



YOUTH PROGRAM EMERGENCY INFO & CONSENT TO TREAT

Child/Children's Name(s)	Birth date	Age and Grade

Guardian(s) Name(s)	Relationship	Home phone /Cell	Work phone

Last Tetanus	Allergies/ medical conditions	Special Instructions (please attach another page if more space is needed)	Physicians Name and Contact

TWO Emergency Contacts	Phone

Others authorized to pick up child(ren) from program	Phone

CONSENT TO TREAT

When I/we cannot be located after reasonable efforts under the circumstances, I/we give my consent to seek medical care for the above name participant(s), in case of serious illness, accident, or other emergency requiring immediate hospitalization, medical attention, or surgery. I authorize any qualified Tahoe Institute for Natural Science (TINS) employee, volunteer, or medical personnel to render necessary emergency care for the above named participant(s). I/we also agree to be responsible for all medical costs incurred on the participant's(s') behalf. Authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and NRS.129.040 of the Nevada Revised Statutes.

Medical Insurance Provider: _____ Policy#: _____

Parent Signature _____ **Date** _____

PHOTOGRAPHIC RELEASE

I give the Tahoe Institute for Natural Science the right and unrestricted permission to copyright and/or use and/or publish (1) the image or likeness on video, and (2) photographic pictures of the participant named on this form, including but not limited to, the promotion of the Tahoe Institute for Natural Science and its programs.

Parent Signature _____ **Date** _____

How did you learn about our camps? _____

Please mail this completed form and check to TINS, 948 Incline Way, Incline Village, NV 89451.