

Magical Summer Adventures

Parent Questionnaire What is your child's name?

How much time does your child spend outdoors? very little some a whole lot

What gifts will your child bring to Adventure?

What do you particularly want your child to gain from Adventure?

Has your child ever participated on an adventure before? yes no If so, please describe the experience.

How does your child feel about coming to the adventure? (excited, anxious, worried, etc.)

How does your child interact with other children one-on-one and in a group? At home? At school?

How does your child interact with adults? Please address listening skills and ability to follow directions.

Has your child undergone any major changes such as a move, new sibling, divorce, illness or death of someone close?

Yes no

If so, how is s/he adapting?

Does your child have any medical, physical, intellectual or emotional conditions that may effect his/her ability to participate in the adventure?

yes no If so, please describe.

What creates stress in your child? How does s/he cope with stress and conflict?





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What have you or your child's teachers found to be successful strategies for working with your child to manage stress and resolve conflicts?

Has your child physically hurt anyone in the past two years? yes no If so, please describe.

Do you understand that in order to administer prescription drugs to your child, Earth Angels of Vermont Adventures requires the original labeled bottle or written directions from a doctor? yes no

Does your child take any kind of medication? yes no If so, what and since when?

REQUIRED SIGNATURES—VERY IMPORTANT! PLEASE READ THIS PAGE CAREFULLY.

At Magical Earth Retreats, the safety of each adventurer is our highest priority. We take all reasonable precautions to ensure your child's physical and emotional safety and to provide a quality adventure experience that focuses on fun, safety and character development. However, as in any other experience, we cannot eliminate all risk from our programs. By signing the following statements you will be acknowledging that you understand the risks of attending Magical Earth Retreats, assuming liability for your child's participation and certifying that your application is complete and truthful.

Acknowledgement of Risk

I understand that adventure takes place in rocky, mountainous and forested terrain. The following potentially hazardous activities, as well as others not mentioned, may be undertaken: building natural shelters, hiking, cooking, fire building and use of tools. These activities can cause personal injury, property damage, illness or death.

	Parent/
Guardian signature and printed name Date	



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Assumption of Liability

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release the Magical Earth Retreats employees, agents, volunteers, program participants and anyone else acting in any capacity on their behalf (hereinafter, collectively referred to as "Magical Earth Retreats") from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my child's participation in an Magical Earth Retreats Adventures. I further agree to hold harmless and indemnify Magical Earth Retreats and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my child's participation.

Parent/Guardian signature and printed name Date

Statement of completeness

All of the information on this Application form is confidential and will only be shared with the appropriate Earth Magical Earth Re- treats staff. Participants with a variety of medical/psychological/physical conditions or problems can successfully participate in our adventure but WE MUST BE AWARE OF THESE CONDITIONS. Other participants, staff, and the applicant are all put at risk when this information is withheld. I understand that if my child arrives at the adventure with a pre-existing condition, injury or other health problem not indicated on this application which Magical Earth Retreats staff discovers because of its negative impact on my child's experience, fellow participants, staff, or the adventure program, my child may be asked to leave the adventure s/he is attending and I will receive no refund of tuition. I hereby certify that I have answered all questions on this application and the parent questionnaire truthfully and completely. If circumstances change between today and the first day of adventure so that this application is no longer truthful or complete I certify that I will fully inform Earth Angels of Vermont Adventures of the new circumstances.

Parent/Guardian signature and printed name Date



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Photo Release Form

I/we, parent(s)/guardian(s) of	, a Summer Earth Adventure
participant, give Earth Angels of Vermont/Magical my child's picture, image, portrait, likeness and/or research, educational, and promotional purposes Retreats . I understand and agree that these audi	Earth Retreats the right to use, publish and copyright r voice or that of my own in printed or electronic form for related to Earth Angels of Vermont/ Magical Earth
payment of fees, in perpetuity.	d/of reformatted in any form and mariner without
First and Last Name of Child	
First and Last Name of Parent/Guardian	
Parent/Guardian's Signature of Agreement Date	