



## Massachusetts Young Birders Club Release Forms

**Parent or legal guardians of club applicants under the age of 18:** Please fill out the following forms and send to:

Evan Dalton c/o Manomet Inc.

P.O. Box 1770

Manomet, MA 02345

**Club applicants:** Please answer the questions on this first page.

Answering these questions will help us create experiences that best fit the skills and interests of MYBC members.

If you have any questions do not hesitate to contact Evan ([edalton@manomet.org](mailto:edalton@manomet.org)).

### CLUB MEMBER INFORMATION

Preferred Name and Pronouns (i.e. Evan, he/his) \_\_\_\_\_

Town(s) of Residence \_\_\_\_\_

I heard about the MYBC from \_\_\_\_\_

I have been interested in birds for \_\_\_\_ years (beginners and veterans are equally welcome!)

My Favorite bird is\_\_\_\_\_

I am interested in attending MYBC field trips and activities in:  Eastern MA,  Western MA,  Both

Please list the languages you speak in order of your preference\_\_\_\_\_

**Emergency Medical Care Authorization and Medical Information Form for Minors Attending Field Trips**



**Child's Name:** \_\_\_\_\_ **Birth Date:** (mm/dd/yy) \_\_\_\_\_

I hereby certify that I am the adult parent/guardian of the minor child named above. I authorize Manomet Inc. staff and volunteer adult chaperone(s) who are trained in first aid/CPR to give my child first aid and/or CPR when appropriate.

In the event of an emergency, if the emergency contacts listed below for my child cannot be reached, I hereby grant Manomet Inc. staff and any volunteer adult chaperone(s) authority to arrange for transport of my child to the nearest medical care facility, and authority to authorize emergency medical treatment. I hereby agree to bear all costs incurred as a result of any such emergency medical treatment.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contacts (in order to be contacted)**

**Parent or Guardian Name:** \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Phone (other) \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Phone (other) \_\_\_\_\_

**Other emergency contacts, in order:**

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Phone (other) \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Phone (other) \_\_\_\_\_

**Insurance Information:**

Is the child covered by medical insurance?  Yes  No

If yes, indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Please complete medical information on back of form**

Child's Name: \_\_\_\_\_ Birth Date: (mm/dd/yy) \_\_\_\_\_

**Child's Medical Information:**

**Please list all known allergies, describe reaction and management of reaction**

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**Please check one:**

My child currently takes no medication on a regular basis

My child currently takes the following medication(s) on a regular basis (list all medications below):

*(This information is needed in the event of emergency treatment. Manomet Inc. staff and volunteer adult chaperones are not responsible for administering medication.)*

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**Please use the space below to provide any additional information about your child's health about which we should be aware:**

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**Please complete and return this and other forms to:**

Evan Dalton c/o Manomet, Inc. | P.O. Box 1770, Manomet, MA, 02345



## MEDIA RELEASE FORM

Dear Parent/Guardian:

The Massachusetts Young Birders Club (MYBC, a program of Manomet Inc.) and Manomet Inc. request your permission for us to photograph or make video or audio recordings of your child, and use your child's name, image, likeness or voice in print and/or online publications of MYBC and/or Manomet Inc. Please sign this form to give (or deny) us permission to do so. You are not required to give us this permission in order for your child to participate in MYBC/Manomet Inc. activities.

**Yes**, I grant permission to MYBC and Manomet Inc. to photograph, record, film, audiotape or videotape my child's name, image, likeness and voice ("Attributes") and to display, publish, distribute, exhibit or broadcast the Attributes of the minor child named below in any and all media for the purpose of and in connection with any material that may be created for MYBC and/or Manomet Inc., including, without limitation, print media (such as annual reports and newsletters) and electronic media (for example, the MYBC and/or Manomet Inc. websites, YouTube channels, and social media, such as Facebook, Instagram, and Twitter). I acknowledge that I am not entitled to receive any compensation for such use. By signing this consent, on my own behalf and on behalf of my child and of our respective heirs, executors, administrators, legal representatives and assigns, I release MYBC, Manomet Inc. and their officers, directors, employees and agents from and against any and all liability, loss, damage, costs claims and/or causes of action arising out of or related to use of my child's Attributes as described above.

**No**, I do not grant permission to MYBC or Manomet Inc. photograph, video or record my child or to use my child's name, image, likeness, or voice in media of any kind.

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Please complete and return this and other forms to:**  
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## PERMISSION FORM AND LIABILITY RELEASE

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I hereby certify that I am the adult parent/guardian of the above-named minor child and consent to my child's participation in field trips, online activities and other activities of the Massachusetts Young Birders Club (MYBC), a program of Manomet Inc. (including transportation to and from such activities) (together, the "Activities"). I recognize that the Activities may involve hazards including but not limited to: hiking in tall grass and possible poison ivy areas, along rocky trails or near water; being outdoors during all types of weather; potential exposure to ticks and biting insects; using equipment such as binoculars and spotting scopes and catching live animals (i.e., bird banding). I fully understand that participation in the Activities involves risks and dangers of serious bodily injury, including but not limited to permanent disability, concussions, paralysis, and death. While particular rules, equipment, and personal behavior may reduce the likelihood of injury, the risks and dangers of bodily injury still remain. I understand and acknowledge that I am fully aware of and knowingly and freely assume all risks (including, but not limited to, the risk of serious bodily injury, property loss or damage) of my child's participation in the Activities. I understand that my child's participation in the Activities is voluntary and that it is my responsibility to ensure that my child participates only in those Activities in which s/he is medically and physically able to participate. I understand that neither MYBC nor Manomet Inc. shall have any responsibility to pay for medical treatment or related costs if my child is injured.

Knowing the risks described above, I agree, personally and on behalf of the minor child named above, to assume all the risks and responsibilities surrounding my child's participation in the Activities. To the fullest extent allowed by law, on my own behalf and on behalf of my child and of our respective heirs, executors, administrators, legal representatives and assigns, I release, discharge and forever hold harmless and agree to indemnify MYBC, Manomet Inc. and their employees, officers, directors, trustees, volunteers, agents (including any person transporting my child to and from MYBC activities), and the organizers and sponsors of the Activities (collectively, "Releasees"), from and against any and all present or future claims, causes of

action, damages, obligations, liabilities, losses, costs and/or expenses arising out of or relating to any aspect of my child's participation in the Activities. **The release, assumption of risk, and indemnity provisions contained above include any property loss or damage, or other loss caused or alleged to be caused, in whole or in part, by the ordinary negligence (but not gross negligence) of Releasees.** I agree that this release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts, without giving effect to principles of conflict of laws.

I am at least eighteen years of age and have carefully read, understood and freely signed this release. **I understand that by signing this release, I am giving up legal rights and/or remedies, which may be available to me against MYBC, Manomet Inc., or any of the parties listed above.** I understand and agree that no oral or written representations can or will alter the contents of this document.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone (if different from above): \_\_\_\_\_ Email: \_\_\_\_\_

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