2026 Discovery Camp Programs Medical and Liability Release Form

TO BE COMPLETED AND SUBMITTED BY May 22, 2026 OR UPON REGISTRATION

Child's Name: _____ Grade entering in Fall 2026: _____

Child's Age and Date of Birth: _____

Parent Name: _____ Phone: _____

Physical Address (not a PO Box): _____

Insurance Company and Policy Number: _____ / _____

Physician's Name and Telephone: _____ / _____

Select the session(s) child is registered for:

K/1st Grade Sessions
- ☐ 6/8-12 Little Mountaineers 1
- ☐ 6/8-12 Fur, Feathers, & Scales 1
- ☐ 6/15-19 Natural Wonders 1
- ☐ 6/22-26 Buggin' Out 1
- ☐ 6/29 - 7/3 Arboretum Adventures 1
- ☐ 6/29 - 7/3 Wet and Wild 1
- ☐ 7/13-17 Little Mountaineers 2
- ☐ 7/20-24 Arboretum Adventures 2
- ☐ 7/27-31 Head 2 Toe 1
- ☐ 8/3-7 Fur, Feathers, & Scales 2
- ☐ 8/10-14 Natural Wonders 2
- ☐ 8/10-14 Wet and Wild 2
- ☐ 8/17-21 Buggin' Out 2
- ☐ 8/17-21 Head 2 Toe 2

2nd/3rd Grade Sessions
- ☐ 6/8-12 Eco Detectives 1
- ☐ 6/8-12 Advanced Nature Rangers 1
- ☐ 6/15-19 Eco Detectives 2
- ☐ 6/15-19 Advanced Nature Rangers 2
- ☐ 6/22-26 Aquatic Adventures 1
- ☐ 6/22-26 Jr. Mountaineers 1
- ☐ 6/29 - 7/3 Nature's Superheroes 1
- ☐ 6/29 - 7/3 Appalachian Tales and Tra
- ☐ 7/13-17 Active Adventurers 1
- ☐ 7/13-17 Woodland Ways
- ☐ 7/20-24 Jr Mountaineers 2
- ☐ 7/20-24 Advanced Nature Rangers 3
- ☐ 7/27-31 Nature's Studio
- ☐ 7/27-31 Active Adventurers 2
- ☐ 8/3-7 Aquatic Adventures 2
- ☐ 8/3-7 Jr Mountaineers 3
- ☐ 8/10-14 Nature's Superheroes 2
- ☐ 8/10-14 Eco Detectives 3
- ☐ 8/17-21 Active Adventurers 3

4/5th Grade Sessions
- ☐ 6/8-12 Wild Encounters
- ☐ 6/15-19 Natural Artists
- ☐ 6/22-26 Mountain Sports
- ☐ 6/29 - 7/3 Eco Investigators
- ☐ 7/13-17 Appalachian Time Travelers
- ☐ 7/20-24 Plant to Plate
- ☐ 7/27-31 Walk on the Wild Side
- ☐ 8/3-7 Wilderness Explorers
- ☐ 8/10-14 Hydro Heroes

6-8th Grade Sessions
- ☐ 6/15-19 Science Trek
- ☐ 6/22-26 Outdoor Artists
- ☐ 7/13-17 Wildlife Trek
- ☐ 7/27-31 Eco Trek
- ☐ 8/3-7 Advanced Mountain Sports

MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Please check if the participant is subject to the following:

☐ ADD/ADHD ☐ Autism ☐ Deafness ☐ Heart Trouble ☐ Asthma ☐ Blindness ☐ Diabetes ☐ Seizures ☐ Other: _____

Date of Latest Tetanus Inoculation: _____

List any physical restrictions/limitations or pre-existing medical conditions we should be aware of:

List any medication, when they are taken, and for what condition:

List allergies the participant has to any food, plants, insects or medications and the reaction to each:

Describe any behaviors the child may demonstrate that may be disruptive to group learning and the best ways to handle these behaviors:

Describe any mental or emotional challenges the child may deal with:

How would you describe the swimming ability of your child: ☐ non-swimmer ☐ beginner ☐ advanced

Are there any dietary needs we should keep in mind in regard to any snacks or meals? ☐ allergies ☐ vegetarian ☐ vegan ☐ kosher foods

INITIALS: _____ My child has my permission to participate in all session and field trip activities. In case of emergency, I hereby request and authorize any physician, hospital and health care provider to provide medical treatment promptly, whether or not I may be contacted and informed

INITIALS: _____ I am the legal guardian of _____, who is under the age of 18 years and who wants to participate in the Arboretum Program. In consideration of my child's participation in the program, I hereby release and discharge The Arboretum its employees, agents, volunteers and assigns (the "Releasees") from any and all liability, claims, claims for relief, damages, actions, causes of action and actionable wrongs of any kind, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, arising at law or in equity as a result of any and all actions and/or omissions of The Arboretum, its employees, agents, volunteers for damages or injuries occurring to my child arising out of my child's participation in the Discovery Camp Program, whether such liability or claim arises from an injury occurring on the Arboretum's premises or elsewhere.

INITIALS: _____ I understand that the Arboretum staff is not trained or required to administer injections or medications or to perform medical procedures except in the case of life threatening emergency. I understand that the Arboretum will allow participants with parental permission to self administer medication and/or injections where such medication and/or injection is physician ordered and directed. I further authorize The Arboretum staff to examine and render emergency or urgent medical care as they deem necessary.

INITIALS: _____ I understand that the Arboretum reserves the right to refuse or dismiss a camper for just and reasonable cause. I understand that no refund will be issued in this case, and that I will be asked to pick up my child.

INITIALS: _____ I understand that participation in the Discovery Camp program is contingent on signing this 2026 Discovery Camp Medical and Liability Release Form.

INITIALS: _____ I consent and authorize the Arboretum to use my child's photograph for educational and public relations purposes (will not contain your child's name). Photos will be available to parents of campers attending specific sessions.

INITIALS: _____ I understand that The North Carolina Arboretum will be following appropriate guidance from state, local and/or federal sources regarding social distancing, cleaning/disinfecting and use of personal protective equipment for both Arboretum staff and program participants. As such, I agree that I and those for whom I have responsibility will abide by all policies and procedures the Arboretum deems necessary including, but not limited to, such practices as: maintaining six feet of distance from Arboretum staff and participants outside one's own household/ family unit; wearing a protective mask; and frequently washing hands and/or using hand sanitizer. I understand that Arboretum policies and procedures may change during the course of scheduled events and that refusal to follow Arboretum policies and procedures may result in immediate dismissal from the program.

INITIALS: _____ By initialing here, you are consenting to the use of your electronic signature in lieu of an original signature on paper. You have the right to request that you sign a paper copy instead. By initialing here you are waiving that right. Your agreement to use an electronic signature with us for any documents will continue until such time as you notify us in writing that you no longer wish to use an electronic signature.

Date: _____ Parent/Guardian Signature: _____

Bring or Mail completed Medical and Liability Release Form to:

The North Carolina Arboretum, Attn: Rich Preyer, 100 Frederick Law Olmsted Way, Asheville, NC 28806

Email completed Medical and Liability Release Form to:

Youtheducation@ncarboretum.org