



Outdoor Adventure Kids at The NC Arboretum **Family Agreement**

Participant Name(s): _____ Guardian Name(s): _____

Please review and ensure understanding of the following statements along with your child(ren). Both you and your child(ren) must initial each statement certifying that you understand and agree to the program policies, expectations, and Health and Safety Protocols for OAK (Outdoor Adventure Kids).

If not received one week before the first day of your program, your registration spot may be forfeited.

General Understandings Guardian and Child Initials

I understand that this program has an emphasis on outdoor play and exploration, nature study and wilderness skills.	
I understand that some days will be challenging but that each experience is designed to be both educational and meaningful.	
I understand that I will be expected to participate fully, follow instructions, be responsible for myself and the wellbeing of the class.	
I understand that I am not permitted to bring electronic technology such as iPods, cell phones, etc. unless given explicit permission by an instructor.	
I understand that on a typical day I will spend up to four hours outside.	
I understand that I will sometimes be around poison ivy; stinging and biting insects; venomous snakes; black bears, and other wildlife.	
I understand that this program takes place entirely outdoors with the exception of intermittent, indoor bathroom breaks (limited to 15 minutes or less).	
I understand that I will not always have quick access to an indoor bathroom and running water but may have access to portable toilets.	
I understand that I will sometimes be getting dirty and/or wet for extend periods of time	
I understand that I will sometimes be outside for up to four hours in the rain or snow. We will do our best to have a fire at each of our Outdoor Classroom sites.	
I understand that I will spend up to four hours outside in temperatures that may reach as high as the 90s or be as low as the 20s.	

I understand that programs will include a range of kids as young as 6 and as old as 13. As such, there will be an emphasis on respect, curiosity, observation, and taking turns as well as opportunities for all individuals to learn from each other.	
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General Understandings Guardian and Child Initials

I understand that not everyone sees the world the same way that I do; it's OK to disagree, but I will do so with respect and curiosity.	
I understand that if I am one of the older children in class, I will be patient with my younger classmates and do my best to help when I am able.	
I understand that if I am one of the younger children in class, I will not always be able to do what my older classmates are doing with the same skill (yet!).	
I understand that on some days of class, I will be asked to hike up to three miles. I understand that hiking may take place both on and off trails, on uneven terrain, and may include bushwhacking.	

I have read the "Health and Safety Protocols" listed on the website and understand and agree to follow the guidelines outlined	
I understand that if I become sick during the program, I (along with any siblings) will need to be picked up immediately.	
I understand that a day or multiple days of OAK programming may be canceled or suspended due to weather.	
I understand that I should be actively monitoring for health and symptoms at home and not attend OAK programming at TNCA if I, or anyone in my immediate family has symptoms/signs of illness.	

I understand that for these health and safety measures to be effective it will require commitment and diligence from our participants, their families and Arboretum staff. Participants who, in our judgment, do not comply with these expectations may be removed from the program and not receive a refund.	
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Family Agreement **due one week before program start date**. Please scan and email to:

youtheducation@ncarboretum.org Or mail to:

ATTN: Rich Preyer at The NC Arboretum 100 Frederick
Law Olmsted Way Asheville, NC 28806

Guardian Signature _____

Date _____

Child Signature_____

Date_____

Child Signature_____

Date_____