



Forest Bathing Program: Participant Information

Child's Name: _____
Age: _____ DOB: _____ M or F
Program date: _____ Time: _____

Parent/Guardian's Name(s): _____ Phone: _____

Email address: _____

Mailing address: _____ City, State, Zip: _____

Other Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Other adult authorized to pick up child: _____ Phone: _____

Medical Information: Special concerns, allergies, medical history, or current medications _____

____ **Photo Release & Waivers:** Photographs taken during Confluence Healing Arts (CHA) programs may be used for promotion of classes and events. Further, I acknowledge to have read and understood all the information contained on this document and to have approved all releases, permits and waivers contained herein.

____ **Authorization and Release:** By signing below and in consideration of the privilege of participating in Confluence Healing Arts programs ("CHA") or activity, I do for myself and my minor child or children, my heirs, executors, representatives, administrators, and assigns, hereby release, indemnify, defend and hold harmless CHA and all of its officials, agents, employees and invitees, in both their public and private capacities, from and against any and all liability, claims, suits, losses, damages and causes of action, including all expenses of litigation and/or settlement for death, illness, injury to, or debt of any person, or of loss of, damage to, or loss of use of any property arising out of or in connection with CHA activity. Such indemnity shall apply whether the claims, suits, losses, damages, causes of action or liability, arise in whole or in part from the consequences of CHA's own negligence where that negligence is a concurring cause of injury, death, illness, or damage. CHA is responsible for its own sole negligence provided, however, CHA is not responsible for a good faith action or inaction to render assistance in the event of property damage or personal injury. This waiver of liability and indemnification is intended to be as broad as possible and as inclusive as permitted by the laws of the State of Texas and that if any portion is held invalid, then the balance shall continue in full legal force and effect. Execution of this waiver of liability and indemnification will not constitute a waiver by CHA of any lawful defense. I acknowledge this waiver and indemnification voluntarily with full knowledge of its meaning and significance.

____ **Coronavirus / COVID-19 Warning & Disclaimer:** Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing and quarantine/isolation as means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Confluence Healing Arts programs could increase the risk of contracting COVID-19. Confluence Healing Arts in no way warrants that COVID-19 infection will not occur through participation.

____ **Behavior Policy:** Excellent behavior is required for the safety of all participants and to ensure a positive experience for everyone. Inappropriate behavior will result in one warning and then immediate dismissal from the program. Absolutely no refunds or credits will be issued if a child is dismissed for disciplinary reasons. Parents will be contacted and are expected to arrive promptly as to prevent any further disruption to the program its remaining participants.

X _____
Signature of Participant or Parent/Guardian of Participant & Date