



**INFORMATION  
ON THIS FORM IS  
KEPT STRICTLY  
CONFIDENTIAL!**

Student's  
Full Name:

Program  
Name:

Your  
Name:

Relationship  
to Student:

**Please Circle YES or NO in response to each question, and give a detailed explanation for any YES answers.**

Does this student have any **ALLERGIES?** **YES NO**  
**To foods? To medications? To insect stings or other environmental agents?**  
If so, please explain the symptoms and the severity of these allergies: ( **MILD** or **SEVERE / LIFE THREATENING** )

Does this student have any **SPECIAL DIETARY NEEDS OR RESTRICTIONS?** **YES NO**  
Please explain here:

Is this student taking any regular **MEDICATIONS?** If so, please list medications and their purpose: **YES NO**  
\*\* If an instructor will need to administer any medications during the program, you must provide written instructions regarding the dosage, frequency and side effects.

If Applicable: Has this student started menstruating? **YES NO**

We would like to know anything unique/special/different about your child that may affect his or her experience at Kroka. For example: any **injuries or physical limitations**, or any **emotional or behavior concerns** that could affect his or her participation in our adventure or social activities, any **sleep issues, history of infections**, or anything else that you can let us know in advance to help our staff to make the program safe and enjoyable for everyone. Please write any comments here, or feel free to attach a separate sheet of paper:

**PERMISSION TO TREAT:** In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention administered to my child, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*

**INSURANCE**      Medical Insurance Company / Carrier      PolicyHolder Name      Policy Number

**FOR UNINSURED FAMILIES:** Having no medical insurance, I assume full responsibility for the cost of any medical treatment that may be necessary during this Kroka program, or as a result of my child's participation in this Kroka program.

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*



**Registration Information**

Please take your time and print legibly. Thank You!

Student's Full Name:

Program Name:

Dear Kroka Expeditions Parent(s)/Guardian(s),

Our work would not be possible without a covenant of trust between you (the parents and guardians of our students), and us (the staff and teachers at Kroka Expeditions). By enrolling your child in this program, you will be asking us to care for his or her personal physical and emotional needs, while at the same time creating a safe nurturing student community and providing fun and appropriate challenges and adventures on the farm and in the wilderness. During the program your child will be living outside, walking barefoot, working with sharp tools and fire, climbing tall rocks and trees, jumping into streams, paddling and swimming in fast moving rivers, carrying heavy loads over uneven ground, and living in the elements – all with the possibility of getting overheated or cold, sun-burned, or soaking wet, and much more. It is our job as teachers and guides to be well prepared to do all we can to protect and take care of all our students. Thus we work year-round to scout the terrain and weather, purchase and maintain the highest quality of safety and adventure equipment, to plan, prepare, and pack nourishing delicious meals, and constantly update our emergency medical training and technical outdoor skills.

In return we ask for your trust and cooperation as our most important partners in this work.

By signing this agreement you acknowledge that:

1. you give permission for your child to participate in this program, and have been informed about the planned activities and the potential risks involved. You also accept that planned program activities and itineraries may change without notice based upon the needs of the group and the changing weather and environment
2. you are confirming here that you have carefully read and understood the Kroka Handbook, (available on our website) and you believe that your child can take the age-appropriate level of responsibility to care for him/her self while at Kroka
3. you have accurately completed Kroka's medical information and emergency contact information forms, and that your child has no undisclosed medical or emotional problems or limitations which might affect his or her ability to participate in this program
4. you authorize Kroka staff to give routine or emergency medical care to your child if needed, within the limits of common sense and established wilderness medical protocols. If urgent care is necessary, you give permission for Kroka to seek professional help and/or or transport your child to a medical facility. You agree to pay all costs associated with that care and transportation.
5. you agree to be responsible for the repair or replacement of any items that are lost or damaged under your child's care and use.
6. you give Kroka Expeditions permission to use any photographs or audio/video recordings of your child, taken during his or her participation in Kroka programs, for any publicity or promotional materials, both online and in print. (Note: **Kroka respects your privacy, and will never publicly publish, trade, or share your (or your child's) name, address or contact information.** However, often students make new friends at Kroka, and ask us to share the names and addresses of students within their specific program so that they can keep in touch with one another, which we are happy to do. Please let us know if you have any concerns or reservations about this.
7. you understand that Kroka reserves the right to dismiss any student from the program that staff believes, in their discretion, presents a safety concern or medical risk, is disruptive, or otherwise deliberately conducts him/herself in a manner detrimental to the program. Use of illegal drugs, tobacco products or alcohol, intimate relationships, sexual or other forms of harassment, sexual activity or socially exclusionary behavior, or disregarding clear instructions are examples of conduct that Kroka considers detrimental to the program, and that can lead to early dismissal. If your child is dismissed or departs for any reason, you accept responsibility for all costs of early departure whether for medical reasons, dismissal, personal emergencies or otherwise.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Registration Information**

Please take your time and print legibly. Thank You!

Student's Full Name:

Program Name:

Please read this entire document carefully before signing. This Document informs you about your responsibilities and assumption of risks, and includes a release of liability, indemnification and surrender of certain legal rights. In consideration of the services of Kroka Expeditions and its agents, officers, employees, volunteers, independent contractors and all other persons or entities associated with it, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct activities (hereafter, "Releasees"), participant, and Parent(s) of minor participants, agree as follows:

**ACKNOWLEDGMENT AND ASSUMPTION OF RISKS:** Kroka program activities may include a variety of outdoor wilderness adventure, farming, and community service activities. We acknowledge that these activities involve inherent and other risks, hazards and dangers. The following describes some, but not all of those risks, hazards and dangers: **Farm chores and service projects:** can include risks associated with activities such as weeding, digging, lifting, light construction and clean-up projects and the use of tools and equipment that can cause injury resulting from use, misuse or malfunction. Farm animals can move suddenly or behave in unpredictable ways that can cause injuries. **Travel** can be on foot or by motor vehicle, boat, bicycle, or other means and can be over rough and unpredictable terrain or via lakes and rivers, in snow, sleet, rain or other adverse weather conditions. Activities may take place in remote locations, several hours from medical facilities, causing potential delays in communication, transportation, evacuation and medical care. **Wilderness living:** Students will very likely go barefoot at times, and experience small cuts or abrasions to the feet. Students may be near an open fire and are subject to the risk of burns from flames or hot coals. Students will drink water from wells and natural springs, and will likely be offered raw, wild, or unprocessed foods, both from the wilderness (nuts, berries) or from the farm (produce, milk, eggs). Camp sites may be subject to high winds, falling trees and/or branches, floods, and other weather-related hazards. **All students** may experience brief periods of time, stationary, alone in the field (solos). **Older students** (14+), may have periods of unsupervised free time and/or periods of independent student travel. **Outdoor adventure:** Participants' travel may be subject to lightning, strong winds, fast moving water, falling rocks, extremely hot or cold weather or cold water, snow and ice, fallen timber, stinging or disease carrying insects, poisonous plants, wild animals and other natural or man-made hazards. **Water activities:** include potential water obstacles or hazards such as boulders, trees, waterfalls, and holes, the risk of falling overboard, impacting the lake or river bottom, being swept into a river current or experiencing a boat capsize or collision. **Human behavior and decision making,** including, without limitation, the risk that a Kroka staff member, representative, volunteer or co-participant may misjudge a participant's capabilities, health or physical condition, or misjudge some aspect of instruction, medical treatment, weather, terrain, water level, and the risk that participant's mental, physical or emotional condition combined with participation in these activities could result in injury, damage, death or other loss.

These and other risks, hazards and dangers may result in participants: falling, being struck, colliding with objects or people, experiencing vehicle or boat collision or capsize, reacting to high altitudes and weather conditions, becoming lost or disoriented, suffering gastro-intestinal complications or allergic reactions. These and other circumstances may cause hypothermia, hyperthermia, dehydration, frostbite, drowning, altitude sickness, broken bones, paralysis, concussions or other injury, damage, death or loss. Participant (and Parent(s) of minors) assume and accept full responsibility for participant, for the inherent and other risks of these activities (both known and unknown) and for any injury, damage, death or other loss suffered by participant (and Parent(s) of minors), resulting from these risks, or resulting from participant's own negligence or other misconduct.

**RELEASE AND INDEMNITY AGREEMENT:** Parent(s) of a minor participant), for myself, and for and on behalf of my family members, heirs, executors, representatives and estate, agree as follows:

- (1) to release and agree not to sue Kroka Expeditions or any above named Releasees, with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claim(s)'), for any injury, damage, death or other loss in any way connected with my child's enrollment or participation in these activities, or use of Kroka equipment or facilities. I understand that in signing this Document, I, anyone acting on my behalf, and my spouse and other family members surrender, to the fullest extent allowed by law, our respective rights to make a claim against Kroka (or above Releasees) as a result of any injury, damage, death or other loss suffered by me or my child;
- (2) to defend and indemnify ('indemnify' meaning protect by reimbursement or payment) Kroka and Releasees with respect to all claim(s) brought by or on behalf of me or a family member for any injury, damage, death or other loss in any way connected with my/ my child's enrollment or participation in these activities, or use of Kroka equipment and facilities.

This Release and Indemnity Agreement includes any losses caused or alleged to be caused, in whole or in part, by the negligence (but not gross negligence or willful, wanton or criminal misconduct), and includes claims for personal injury, property damage, wrongful death, loss of consortium, breach of contract or otherwise. I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon me, my minor children and other family members, and my heirs, executors, representatives and estate.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name here

**Registration Information**

Please take your time and print legibly. Thank You!

Student's Full Name:

Program Name:

NOTE TO PARENTS – You do not need to use this particular form. Your physician's office or health care provider may have a standard form such as a "Health Report for Schools, Camps, and Employers" that they keep on file. Any piece of paper that proves that this child has been seen by a physician within the past two years will suffice.

Students Date of Birth:

Gender:

Height:

Weight:

Date of Last Physical Examination:  
(Must be within the past two years)

**Please Circle YES or NO in response to each question, and give a detailed explanation for any YES answers.**

Does this student have any **INJURIES OR PHYSICAL LIMITATIONS** that could limit his or her participation in outdoor adventure activities?

**YES NO**

Is this child currently undergoing treatment for any medical or psychological conditions?  
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**YES NO**

Is this child regularly taking any prescribed medications that will need to be administered during his or her program? If so, please specify the medication name, dosage, and frequency.

**YES NO**

Are there any common medications, treatments, or homeopathic remedies which should not be administered to this child: If so, please specify:

**YES NO**

It is my opinion that the camper is physically and emotionally fit to participate in an active outdoor adventure camp program (except as noted above.)

\_\_\_\_\_  
Licensed Health Care Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and address of health care practice / doctor's office