

ADULT HEALTH AND WAIVER FORM
(Please complete one form for each adult attending.)

Return to: Crow's Neck Environmental Education Center (CNEEC)
P. O. Box 460
Tishomingo, MS 38873

This form must be completed, signed, and returned to us prior to the beginning of the program in order to participate.

Please type or print clearly:

Group/Organization _____
Title of Program _____
Program Date _____
Name _____ Male _____ Female _____
Place of Employment _____
Street Address _____
City _____ State _____ Zip _____

Please list any health conditions (medications, allergies, and physical problems) or a special circumstance that our staff should be aware of or that limits your participation:

Insurance Carrier _____

Policy number _____

Whom should we notify in case of an accident or illness during your stay?

Name _____ Relationship _____
Phone (home) _____ (cell) _____

Photo Release: I give my permission for photos of myself to be used expressly in marketing publications & promotional materials by Crow's Neck Environmental Education Center:

Yes _____ No _____

It is expressly understood and agreed that CNEEC shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant or in connection with any activities or programs.

Signature: _____ Date: _____