

*Dear Friends of Sage Programs ~*

*Welcome.*

*Please copy these 2 forms, fill them out and return to us by mail or drop them off:*

*1 - Registration, Medical Treatment and Emergency Information Form*

*2 - Hold Harmless and Photo Release Form*

*1545 Upland Ave, Boulder, Colorado 80304*

***If you have seen our grounds, please sign the ‘Hold Harmless Agreement’ and include it with your registration form.***

***Otherwise, walk the grounds to see the Program environment and then sign and turn in the Agreement.***

*Warmest Regards,*

*Sage Hamilton*

*Director, Sage Programs*

# Sage Programs

Name of Program \_\_\_\_\_ Year \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency (besides mother or father)  
contact person \_\_\_\_\_ phone \_\_\_\_\_

## Medical Treatment Release Form

I hereby give my permission that my child, above named, may be given emergency treatment by a qualified staff member of Sage Programs. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the even that I cannot be contacted, I further consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital selected or advisable by the physician to safeguard my child's health.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical and Emergency Information for above named child

Past Injuries, chronic illness, other \_\_\_\_\_  
\_\_\_\_\_

Under regular medication, allopathic or herbal, other \_\_\_\_\_  
\_\_\_\_\_

Allergies - \_\_\_\_\_  
\_\_\_\_\_

Any other information you feel would be helpful for us to know in case of an emergency.  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency contact information

Health Practitioner \_\_\_\_\_ Phone \_\_\_\_\_

*We at Sage Programs strive to offer children and their families a nurturing, natural environment for work, play, and festival gatherings. There is a sincere striving to watch out for everyone's safety however natural environments just have risks.*

*We ask that you walk our grounds and the house and sign this Hold Harmless Agreement*

### **HOLD HARMLESS AGREEMENT**

I have walked through Sage Programs' Grounds and the house at 1545 Upland Ave. in North Boulder, Colorado and I am willing to assume the risks present in both the indoor and outdoor environment. These risks include, but are not limited to:

Use of the Trampoline, Tree Climbing, and participation in Games, Free Play, and Movement Activities. All involve risk or injury from falls or collision with other participants.

Use of property both indoors and outdoors involves known and unknown risks such as injury due to the failure of equipment or other items used in an activity, risks from improper use of equipment, risks from slippery surfaces such as mud, snow or ice.

Jack our dog is very much a part of the program and we welcome the opportunity for our child to be able to play with a loving, friendly dog; however we realize and accept the risks involved in playing with a dog.

As well, I agree to hold harmless Sage Programs for program activities off the Program grounds including: hiking, swimming, and camping as well as transportation in vans or private automobiles as authorized by Sage Programs.

\_\_\_\_\_  
Name of Child or Children in Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Printed Name

### **PHOTO RELEASE**

I give permission for Sage Programs to use photos of my child and our family for purposes of non-commercial illustration, fundraising, and Sage Programs website viewing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name