

# River REACH Program

## Permission Form and Medical Waiver

*(This form must be completed, signed, and returned to teacher prior to voyage)*

Date of Trip: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

HomeAddress: \_\_\_\_\_  
Street City State Zip

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
State Zip

## HEALTH HISTORY

**(This information will be destroyed after the program)**

### Allergies and reactions that we need to be aware of:

Insect Stings \_\_\_\_\_

Hay Fever \_\_\_\_\_

Asthma \_\_\_\_\_

Latex (latex gloves are **NOT** used during the program) \_\_\_\_\_

Specify Other \_\_\_\_\_

Any specific activities that should be avoided:

\_\_\_\_\_

Other health related or important information:

\_\_\_\_\_

Current medications: \_\_\_\_\_

Name of Family Physician (optional): \_\_\_\_\_

Physicians Phone Numbe (optional): \_\_\_\_\_

Policy and /or ID Number (optional): \_\_\_\_\_

Name of insurance company  
(optional): \_\_\_\_\_

## Waiver

I understand that participating in the River REACH program is voluntary. I understand that this program involves boating, and I know and understand the risks involved in boating on the Ohio River. I also understand that students will be working in laboratory and outdoor settings, and may be handling water testing chemicals, river water, insects, and aquatic animals. I understand the nature of such activities and understand that unanticipated activities may arise. I hereby release the Foundation for Ohio River Education and Queen City Riverboats from any responsibility for injury that might occur as a result of participation in the River REACH program.

I give permission for \_\_\_\_\_ to participate in all field experience activities except as noted. I also give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my child and also permit such treatment procedures to be carried out at, and by the local hospital(s) for my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company.

Signature: \_\_\_\_\_  
Parent/Guardian or Adult Participant Date

## Photo/Video Waiver

*The Foundation for Ohio River Education documents voyages with photos that are sometimes used in our publications, including brochures, our website, and our organization's Facebook page (children are never identified by name in any of FORE's publications without prior permission). We also receive media coverage of our cruises from time to time by local newspapers and news channels. Please read carefully and check the box that applies.*

I hereby grant the Foundation for Ohio River Education, its assigns, and its legal representatives, and assign the irrevocable and unrestricted right to use and publish photographs of my child or photographs in which they may be included, for editorial purpose and in any manner and medium; to alter the same without restrictions; and to copyright the same. I hereby release the Foundation for Ohio River Education and its assigns, photographer and his/her heirs, legal representatives and successors from all claims and liability relating to said photographs. I understand that uses may be made of the personal information by the media who choose to cover the educational cruise and hereby **provide consent** to allow that information to be used by the media to report on local community events.

I **do not** grant the Foundation for Ohio River Education the unrestricted right to use and publish photographs of my child, or photographs in which they may be included, nor do I allow my child to be photographed, videotaped, or interviewed by the media. **If you check this box, please notify the Foundation for Ohio River Education of this at 513-231-7719 or at [hmayfield@orsanco.org](mailto:hmayfield@orsanco.org) prior to the field trip. Please provide the name of your child and their school so that we can ensure they are not photographed.**

Signature: \_\_\_\_\_  
Parent/Guardian or Adult Participant Date

**Would you like to receive more information about our programs through email updates?**

YES – Name and Email Address \_\_\_\_\_

NO