

**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 section is OPTIONAL, but will provide us with important information we may need in the event of an emergency. 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: \_\_\_\_\_

Physicians Phone Number: \_\_\_\_\_

Policy and /or ID Number:  
\_\_\_\_\_

Name of insurance company: \_\_\_\_\_

# Waiver

By signing below, and as consideration for participating, or allowing my child to participate in the floating classroom program, I agree to be bound by the following:

I understand and acknowledge that my or my child's participation in the River REACH program is entirely 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 injuries, emergencies or situations may arise.

I understand that this Waiver, Release and Indemnification form is intended to address all of the risks of any kind associated with my or my child's involvement in the River REACH program, including such risks created by actions, inactions, carelessness or negligence on the part of the Foundation for Ohio River Education and Queen City Riverboats. I accept and assume all such risks, whether or not known or identified and I assume all responsibility for any liability, injury losses and damages that I or my child may suffer as a result of or in any way connected with my or his/her involvement in the River REACH Program.

I hereby release and forever discharge the Foundation for Ohio River Education and Queen City Riverboats from any and all liability for and waive any and all claims for injury, loss, damage, or expense, including attorneys' fees, in any way connected with my involvement in the River REACH program, whether or not caused in whole or in part by the negligence or other misconduct of FORE or Queen City Riverboats.

I agree to indemnify and hold harmless FORE and Queen City Riverboats from any and all claims, liability, loss and expense, including but not limited to damages, legal expenses and costs of defense, in any manner arising from my or my child's participation in the River REACH program. I understand that this means that I will be financially responsible to reimburse FORE and/or Queen City Riverboats if anyone makes a claim against them as a result of my actions or inactions.

If I or my child sustains any injury, becomes ill, or am involved in any accident during participation in the River REACH program, I authorize FORE and/or Queen City Riverboats to seek medical treatment on my or my child's behalf, including transportation to a medical facility. I agree and acknowledge that I will be responsible for all costs relating to such treatment or transportation.

This Waiver shall be binding upon and inure to the benefit of my relatives, heirs, next of kin, executors, administrators, beneficiaries, personal representatives, successors and assigns who might pursue any legal action or claim for such liability, injury, loss or damage.

*I have read this agreement to participate and I fully understand its contents and that I have given up substantial rights by signing it. I am signing this agreement to participate voluntarily, freely and without any inducement or assurance of any nature not state herein; intended for it to be a complete and unconditional waiver, release, and indemnification to the greatest extents allowable by law; and agree that if any portion of it is held invalid, the remainder shall continue in full force and effect.*

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Participants Name (Please Print):

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Participants Signature (if over age 18):

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Signature of parent of guardian (if under 18):

## 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 on our organization's social media sites (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 DO NOT CONSENT, please notify the Foundation for Ohio River Education of this at 513-231-7719, extension 115, 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.**

*You may also want to contact your child's teacher and make them aware of this so that images of your child are not inadvertently shared on social media by chaperones who are also attending the field trip.*

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

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

- YES – Name and Email Address** \_\_\_\_\_  
 **NO**