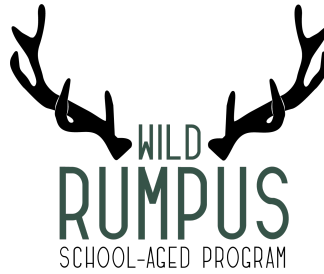




BUTTERFLY HILL
NATURE PRESCHOOL



Butterfly Hill Nature Programs Consent and Liability Waiver

I/We the undersigned _____ (Parent or Guardian's Printed Name)
parent(s) or guardian(s) of _____ (Child's Name)
a minor participating in Wild Rumpus School-Aged Program, do hereby authorize the participation and
attendance of the said minor and all activities in connection therewith, conducted by Butterfly Hill Nature
Preschool as an unlicensed program.

I/We have been fully and completely informed and advised regarding the nature and purpose of said program
and the activities conducted therein. It is my/our full and free decision to allow said minor to participate in this
educational program.

I/We certify that said minor is in good health and hereby authorize the directors and staff of Butterfly Hill and
Wild Rumpus to act for me/us, according to their best judgment, in any emergency requiring medical attention.
I/We understand and agree that instructors and staff may need to contact appropriate emergency medical
providers regarding said minor. I/We give consent for any medical treatment (i.e., diagnostic, therapeutic, and
surgical procedures) that such medical providers may deem necessary with the understanding that the cost of
any such treatment will be my/our responsibility. I/We understand that my/our consent will allow procedures to
be promptly carried out so that no unnecessary delays will occur with treatment. No operation will be
performed, except in extreme emergency, without me/us being contacted and fully informed and consent
obtained.

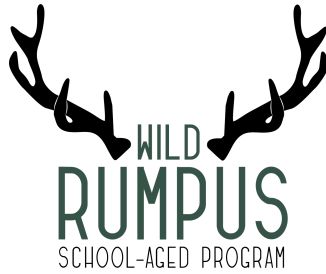
In consideration of Butterfly Hill and Wild Rumpus accepting and permitting said minor into this educational
program, I/we do hereby, for myself, my family and anyone entitled to act on my behalf, release and discharge
Butterfly Hill Nature Preschool, and their respective officers, employees, and agents from any and all claims or
causes of action, in the absence of gross negligence, that may arise during or as a result of said minor's
attendance and participation in this program. My/our signature(s) on this Informed Consent and Waiver of
Liability Agreement signify(ies) my/our understanding and acceptance of the terms and conditions set forth
therein.

Parent/Guardian Signature _____

Printed Name _____ Date _____



BUTTERFLY HILL
NATURE PRESCHOOL



Informed Consent

The purpose of this form is to outline some of the activities your child can choose to participate in during Butterfly Hill Forest School and Wild Rumpus Forest Camps so you are aware of risks associated with these activities. Please note that the teachers have done a thorough site and experience risk assessment for each of these planned activities to ensure your child's safety.

Your child will/may choose to participate in the following activities:

- Transportation to and from camp/school/field trip locations in a 14 passenger bus on roads that may have unpredictable conditions

Summer/Fall/Spring:

- Tree climbing
- Hiking through underbrush that may or may not have poison ivy, poison oak, wild parsnip, wood and deer ticks, and mosquitos.
- Wading in a creek or lake may or may not have zebra mussels, and lake itch.
- Wading in a creek or lake that could reach the knees on your child.
- Swimming in a lake (separate swimming consent form included)
- Instruction and practice in tool use - hand-held saw, hammer and nails, sandpaper, hand turn drill, and/or an ax - fully monitored and carried out with an adult present at all times.
- Instruction and practice in fire building with flint and facilitated with safety measures by a teacher.
- Instruction and practice in cooking over a fire - facilitated with safety measures by a teacher.
- Free play in the woods and open areas that may have exposed roots and low lying branches.

Winter:

- Sledding down a steep and icy hill with acceleration.
- Snowshoeing through the woods that may be thick with trees, bushes and low lying branches.
- Cold weather that may affect cheeks, fingers and toes if not dressed appropriately.

Please let us know what type of swimmer your child is _____

Please let us know if you would like them to wear a life jacket at all times _____

Please let us know if your child has ever taken swimming lessons and how many sessions:

I/We have read through and have been informed of the risks associated with these nature and education programs and the activities that will be available to my child.

Parent/Guardian Signature _____

Printed Name _____ Date _____