

# F.A.N.S. Registration

Hartman Reserve Nature Center  
657 Reserve Drive  
Cedar Falls, Iowa 50613  
(319) 277-2187



Participant Name \_\_\_\_\_ Gender (please circle) M / F

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name (Parent/Guardian if under 18) \_\_\_\_\_ Phone # \_\_\_\_\_

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## Registration Information

Fun Adult Nature Series (FANS) Adventures typically take place on Fridays or Saturdays. Most programs have a limited number of spots available, so sign up soon!

Participants are not considered fully registered until payment and medical consent forms are received by HRNC. Registrations must be dropped off at HRNC or postmarked by the deadline listed for each program to avoid a late fee. This deadline is in place to allow staff adequate time for program preparation. Hartman can only accept cash or checks made out to "Black Hawk County Conservation" for programs. A late fee will apply to the registration cost if signing up after the deadline. Please call to check for availability.

If the program has to be cancelled by HRNC staff due to issues out of Hartman's control (bad weather, flooding, lack of participation, etc) the participant will be issued a voucher for the amount of the program, which can be used towards future programs. Vouchers cannot be used towards Friends of Hartman Reserve sponsored events or the Acorn Gift Shop. Vouchers will not be issued in the event of scheduling changes made by the participant.

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## Please sign me up for the following:

Program Title _____	Program Date _____	Fee _____
Program Title _____	Program Date _____	Fee _____
Program Title _____	Program Date _____	Fee _____
Program Title _____	Program Date _____	Fee _____
Program Title _____	Program Date _____	Fee _____
Program Title _____	Program Date _____	Fee _____
Program Title _____	Program Date _____	Fee _____
Program Title _____	Program Date _____	Fee _____
<b>Total Fee</b> _____	<b>Check #</b> _____	

**(Please flip sheet for Medical Disclosure/Consent, Photo Permission, and Liability Waiver)**

## Medical Disclosure

The following information may be helpful in the unlikely event of an accident. Please indicate if participant has a history of any medical complications, as listed below.

**Allergies:** Bees/Insects \_\_\_\_\_ Food \_\_\_\_\_  
Medications \_\_\_\_\_  
Other \_\_\_\_\_

Any medical condition HRNC staff should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If medications are needed during the program, please list details in the table below.

MEDICATION	PURPOSE	DOSAGE (Amount & Frequency)	TIME(S) GIVEN	STAFF INITIALS

In the event of an emergency, participant is covered by the following:

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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## *Medical Consent, Photo Permission, and Liability Waiver*

*Parental permission must be secured for participants who are under 18 years of age.*

I am aware in signing this document that certain risks and dangers exist in the activities in which my child or I may be participating. I acknowledge that while Hartman Reserve Nature Center staff will make every reasonable effort to teach my child or me proper safety and minimize exposure to known risks, all dangers associated with these activities cannot be foreseen. These risks may include, but are not limited to, the loss or damage of personal property, injury or fatality due to inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, hyperthermia (heat exposure), hypothermia (cold exposure), or suffering any type of accident or illness in remote areas without immediate access to medical facilities, or while traveling to or from the activity sites. I have a personal responsibility to make sure my child and I understand and follow the safety standards, guidelines and procedures established by the HRNC staff. Furthermore, I give my consent to HRNC staff or other medical personnel to treat my child or me in an emergency situation.

If my child will be taking any medications, it will be sent in the prescription bottle with clear instructions as to when it should be taken. The medication shall be in the care of the HRNC staff and will be dispensed as prescribed.

I understand that the programs at HRNC are subject to inclement weather. In the case of necessary changes, I understand a program of equal value will be substituted and my program fee will be used for this purpose. Weather related refunds are not given when the program continues as scheduled.

I also agree, unless I explicitly request otherwise, that photographs taken during this program may be used for promotional purposes by HRNC.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature (if participant is under 18)**

\_\_\_\_\_  
**Date**