# Fort Klock Young Pioneer Program
# August 4–6, 2026
# 9 a.m. - 3 p.m. daily

**Participant Information** (each child attending needs to have their own form filled out)

Participant Name: _____

Age: _____ Male/ Female _____ Date of Birth: _____

□ Age 8–12 Program

□ Age 13–16 Program NEW

Parent/Guardian Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

**Emergency Contact** (if different from parent/guardian)

Name: _____ Relationship:_____

Phone: _____

**Medical & Safety Information**

Allergies (food, environmental, medications): _____

Medical conditions or special needs:_____

Medications participant carries or may require:_____

Dietary restrictions:_____

Additional information to help ensure a safe and enjoyable experience:_____

_____

**Photo & Media Release**

□ I give permission for Fort Klock Historic Restoration to photograph or record my child during program activities. Images may be used for educational materials, newsletters, social media, the Fort Klock website, and promotional materials.

Parent/Guardian Name: _____

Signature: _____ Date: _____

**Program Agreement**

□ I give permission for my child to participate in the Fort Klock Young Pioneer Program (August 4–6, 2026) and understand that activities will include historical demonstrations, outdoor activities, and hands-on learning.

Parent/Guardian Signature: _____ Date: _____

Participant Signature (ages 13–16): _____ Date: _____

**Cost is $45/child**

Please send in the application, along with payment to: **Fort Klock** PO Box 42, St. Johnsville, NY 13452

**Office use only**

Amount received _____

Date received _____

Young Pioneers at Fort Klock

Participant Liability Waiver, Assumption of Risk, and Medical Consent

Participant Name (Child): _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact (if different): _____ Phone: _____

**1. Acknowledgment of Activities and Risks**

I understand that participation in the Young Pioneers program may include activities such as outdoor exploration, historical demonstrations, crafts, games, physical activity, and interaction with historical tools or environments.

I acknowledge that participation in these activities involves inherent risks that may include, but are not limited to:

Minor injuries such as cuts, scrapes, splinters, or bruises

Slips, trips, or falls on uneven terrain

Exposure to outdoor conditions including insects, weather, and plants

Injuries that may occur during supervised group activities

I voluntarily allow my child to participate in these activities with knowledge of the potential risks.

**2. Assumption of Risk**

I understand and accept that participation in the program involves certain risks that cannot be eliminated without altering the nature of the activities. I voluntarily assume these risks on behalf of my child.

**3. Release of Liability**

To the fullest extent permitted by law, I release and hold harmless the Young Pioneers program, Fort Klock Historic Restoration, its staff, volunteers, instructors, board members, and affiliated organizations from claims for ordinary injuries that may arise from my child's participation in normal program activities.

This release does not apply to actions involving gross negligence, reckless conduct, or intentional misconduct.

**4. Medical Authorization**

In the event of illness or injury, I authorize program staff and volunteers to obtain emergency medical care for my child if I cannot be reached immediately.

I understand that reasonable efforts will be made to contact me first. I accept responsibility for any medical costs incurred.

Child's Physician (optional): _____

Known Allergies/Medical Conditions: _____

Medications: _____

**5. Behavioral Expectations**

I understand that participants are expected to follow safety instructions and behave respectfully toward staff, volunteers, other children, and historic property. Repeated unsafe or disruptive behavior may result in removal from the program.

**6. Photo/Media Permission (Optional)**

□ I grant permission for photographs or video of my child taken during program activities to be used for educational or promotional purposes related to the Young Pioneers program and Fort Klock Historic Restoration.

□ I do not grant permission for my child to appear in photographs or promotional materials.

**7. Parent/Guardian Agreement**

I certify that I am the parent or legal guardian of the above-named child and that I have read and understand this waiver. I agree to the terms stated above and permit my child to participate in the Young Pioneers program.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____