

FIELD TRIP WAIVER OF LIABILITY

Please read carefully before signing. You give up certain rights by signing this document.

I, the undersigned, have read the information literature pertaining to and understand the risks in which I will be involved in connection with activities of Cincinnati Museum Center Hahn Site Field School 2019. I understand that I will be going to Anderson Township, Hamilton County, Ohio, to participate in fieldwork. I specifically recognize that the school is conducted as an outdoor dig site in an urban-rural area. I understand that I will be exposed to some risks of personal injury under such circumstances, including risks of inclement weather and working conditions in hot and humid weather.

I acknowledge that Hahn Site Field School 2019 may inherently include unforeseen dangers and conditions (defective or otherwise) whether or not those risks or conditions are disclosed by Cincinnati Museum Center.

I assume all responsibility for my property and myself. Furthermore, I release Cincinnati Museum Center and the Anderson Township Park District from any and all claims, now existing or hereafter arising, for injury, loss, damage to person or property that may occur from the above said risks which are hereby voluntarily assumed.

I am also aware that a representative of Cincinnati Museum Center will supervise Hahn Site Field School 2019. However, I take full responsibility for my actions.

Print name

Signature Date

Guardian's signature (if under 18) Date

PERMISSION FORM, ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND EMERGENCY MEDICAL AUTHORIZATION

Dear Parent or Guardian,

The 2019 Hahn Field School is a Museum sponsored field trip at the Hahn Site, a Late Prehistoric village site in Anderson Township, Hamilton County, Ohio. The materials provided with this form/application describe the nature of the field trip. The 2019 Hahn Field School involves manual work at the site under the supervision of the Cincinnati Museum Center. Transportation to and from the site will be provided by the participants, or their parents or guardians. The 2019 Hahn Field School is operated in four one-week segments beginning July 1st, 2019.

_____ I DO give permission for _____ to participate in the 2019 Hahn Field School.

_____ I DO NOT give permission for _____ to participate in the 2019 Hahn Field School.

In consideration for Cincinnati Museum Center accepting my child as a participant in the 2019 Hahn Field School, I confirm my understanding that:

- During my child's participation in the 2019 Hahn Field School, my child may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in field trips/experiences such as this one and cannot be eliminated without destroying the unique character of this field trip/experience. These inherent risks include, but are not limited to, the dangers of serious personal injury, illness, property damage, and death from exposure to the hazards of travel, including, but not limited to, personal security risks, and risks arising from natural causes, animals, activities of other persons, other participants, leaders of the field trip/experience, and third parties. Cincinnati Museum Center has not tried to contradict or minimize my understanding of these risks. I know that injuries and damages can occur either as a result of negligence or because of other reasons. I understand that risks of such injuries and damages are involved in activities such as the field trip/experience. I further understand that during the field trip/experience there may not be rescue or medical facilities or expertise necessary to deal with the injuries and damages to which my child may be exposed.
- I have read all of the materials applicable to the 2019 Hahn Field School and made available to me; my child has read all such materials and/or I have fully explained each of the relevant materials to him or her; my child will comply with the rules and guidelines set forth in the materials; I will pay any costs and fees for the field trip/experience; and I acknowledge my child's participation is at the discretion of Cincinnati Museum Center.
- This agreement is intended to be as broad and inclusive as permitted by law. If any provision or any part of any provision of this agreement is held to be invalid or legally unenforceable for any reason, the remainder of this agreement shall not be affected and shall remain valid and fully enforceable.
- To the fullest extent allowed by law, I, for myself and on behalf of my child, agree to **WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY** Cincinnati Museum Center and the Anderson Township Park District, their officers, directors, employees, agents, and successors from **any and all liability** on account of, or in any way resulting from claims, losses, damages, or expenses, including injuries and damages, in any way connected with the 2019 Hahn Field School, even if caused by the negligence of Cincinnati Museum Center, Anderson Township Park District, their officers, directors, employees, and agents. I, for myself and on behalf of my child, further agree to **INDEMNIFY AND HOLD HARMLESS** Cincinnati Museum Center and Anderson Township Park District, their officers, directors, employees, agents, and successors from any claims, losses, damages, or expenses caused by my child's own negligence while a

participant on the field trip/experience. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns.

I have read this document in its entirety and I, for myself and on behalf of my child, freely and voluntarily assume all risks of such injuries and damages and notwithstanding such risks, I agree to allow my child to participate in the 2019 Hahn Field School. I acknowledge that by signing this document, I, for myself and on behalf of my child, am waiving certain legal rights. By signing below, I accept and agree to the terms above.

Child/Participant's Name

Parent/Guardian's Signature

Printed Name

Date

EMERGENCY MEDICAL AUTHORIZATION

During the course of the 2019 Hahn Field School, it is possible that your child may become ill or injured. This form enables you, as a parent/guardian, to authorize or refuse the provision of medical treatment for your child should he or she become ill or injured while participating in the field trip/experience. If your child were to become ill or injured during the 2019 Hahn Field School, reasonable attempts will be made to contact the parent/guardians and other persons listed in this form. In the event that such persons are not able to be reached and your child needs immediate medical attention, this form can be presented to the pertinent medical practitioners to authorize or refuse treatment pursuant to the directives listed on this form. Doctors, dentists, and hospitals other than the preferred choices listed below may be used for medical treatment when necessary.

I assume the risk and financial responsibility for an injury or illness that may occur as a result of my child's participation in the 2019 Hahn Field School. I understand that nothing in this form shall be construed to impose liability on Cincinnati Museum Center or Anderson Township Park District, or their officers, directors, employees, agents, and successors for any medical treatment provided or not provided during the field trip/experience. I further understand that nothing in this form shall be construed to impose liability on Cincinnati Museum Center or Anderson Township Park District, or their officers, directors, employees, agents, and successors for attempting to comply with my wishes as expressed in this form.

AUTHORIZATION

_____ As the parent/guardian authorized to sign this form, should my child become ill or injured, I **DO GIVE** my consent and authorization for transportation to and administration of any medical treatment deemed necessary by an appropriate medical provider.

_____As the parent/guardian authorized to sign this form, should my child become ill or injured, I **DO NOT GIVE** my consent and authorization for transportation to and administration of any medical treatment deemed necessary by an appropriate medical provider.

If I indicated above that I am not giving this authorization, then I am hereby declaring that no action should be taken, or that the following action should be taken if my child becomes ill or injured:_____

INFORMATION

Child/Participant's Name _____
Program Title & Dates _____
Street Address _____ City _____ State _____ Zip _____
Name of First Parent/Guardian _____
Home Phone () _____ Work Phone () _____ Mobile Phone () _____
Preferred Doctor _____ Phone () _____
Preferred Dentist _____ Phone () _____
Preferred Hospital _____ Phone () _____
Health Insurance Company _____ Policy Number _____

Please list any pertinent information about your child's medical history here, including any medical conditions, medications taken, allergies to medicines or any other items, special dietary needs, physical impairments, or any other relevant information:_____

Child/Participant's Name

Parent/Guardian's Signature

Printed Name

Date