



MUSEUM CAMP PERMISSION FORM AND LIABILITY RELEASE AND WAIVER

Participant information

Name of child: First _____ MI ____ Last _____

Date of birth ____/____/____ Gender _____ Grade (as of fall 2019) _____

Camp/s Attending _____

Child's address _____

Please list facts concerning the child's medical history, including allergies, medications being taken, physical limitations and any medical equipment your child will be using (i.e. retainers, contacts, etc.):

Please share any information that you feel would help in providing the best experience for your camper:

Parent / guardian information

Parent / guardian #1 name: _____

Primary phone # () _____ Alternate phone # () _____

Email address _____

Parent / guardian #2 name: _____

Primary phone # () _____ Alternate phone # () _____

Email address _____

Child pick-up information

Campers will be released only to the parent / guardians listed above and the adults listed below. Please list all of the individuals that have your express permission to pick-up your child from Museum Camps. **ANY ADULT, INCLUDING A PARENT / GUARDIAN LISTED ABOVE, PICKING UP A CHILD IS REQUIRED TO SHOW A PHOTO ID MATCHING THEIR NAME ON THIS FORM.**

Name: _____ Relation: _____ Phone number: _____

Name: _____ Relation: _____ Phone number: _____

Name: _____ Relation: _____ Phone number: _____

Name: _____ Relation: _____ Phone number: _____

Continued on next two pages ...

MUSEUM CAMP PERMISSION FORM AND LIABILITY RELEASE AND WAIVER

I hereby give permission for _____ to participate in all Museum Camp activities, including fields trips (when applicable) (hereinafter collectively, the "Museum Camp").

In consideration for Cincinnati Museum Center accepting my child as a participant in Museum Camp, I acknowledge and confirm, on behalf of myself and my child, our understanding and agreement that:

- I have read all of the materials applicable to the Museum Camp 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 Museum Camp; and I acknowledge my child's participation is at the discretion of Cincinnati Museum Center.
- 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 its 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 Museum Camp, **even if caused by the negligence of Cincinnati Museum Center** or its officers, directors, employees, agents, and successors. I understand and intend that this release is binding upon me and my child's heirs, executors, administrators, and assigns.
- 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.

Emergency Medical Authorization

If, in the opinion of Cincinnati Museum Center, immediate medical attention is necessary for my child, _____, I do hereby authorize Cincinnati Museum Center to take such action as it deems reasonable and appropriate under the circumstances. I do further authorize and consent to the administration of treatment deemed necessary and appropriate by the responding emergency medical technicians and to such treatment deemed medically appropriate and necessary by licensed physicians or other health care professionals called upon to provide emergency care to my child. I assume the risk and financial responsibility for an injury or illness that may occur as a result of my child's participation in Museum Camps activities. I acknowledge that no guarantees have been made to me as to the effect or outcome of any examinations or medical treatment of my child and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my child during the camp. I understand that nothing in this form shall be construed to impose liability on Cincinnati Museum Center, its officers, directors, employees, agents, and successors for any medical treatment provided or not provided during camp.

Continued on next page ...

MUSEUM CAMP PERMISSION FORM AND LIABILITY RELEASE AND WAIVER

Photo/Video/Research Release

I hereby grant Cincinnati Museum Center my irrevocable permission to photograph, film, record, and otherwise capture and reproduce in any manner my child's name, voice, likeness, image, and silhouette, and/or use my child's written words ("Recordings") for use in printed publications, advertisements, videos, audience research, and/or other audiovisual or printed works. This consent is granted without monetary compensation and is given as an inducement for Cincinnati Museum Center to potentially include my child in the Recordings. I understand and acknowledge that all Recordings shall constitute the sole property of Cincinnati Museum Center, which has my permission to edit, alter, reproduce or use the Recordings in any medium now known or hereafter devised throughout the world in all languages and to freely assign the rights granted herein without limitation or reservation. I further hereby waive any rights I may have to injunctive relief and legal claims in connection with the Recordings and rights granted herein, including, without limitation, those claims based upon defamation (including libel and slander), and invasion of privacy. I represent and warrant that I am either a parent or the legal guardian of the minor child and that I have complete authority to enter into this Release on the minor child's behalf.

____ I DO give my Release Parent / Guardian Signature _____ Date _____

____ I DO NOT give my Release Parent / Guardian Signature _____ Date _____

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY. I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I, FOR MYSELF AND ON BEHALF OF MY CHILD, AM WAIVING AND RELEASING CERTAIN RIGHTS. BY SIGNING BELOW, I ACCEPT AND AGREE TO THE TERMS ABOVE.

Parent / Guardian Signature

Date

ADMINISTER AND USE OF EPI-PEN

By signing below I, _____,
[print parent/guardian name above]

agree to Waive and Release of any and all liability for the Cincinnati Museum Center in the administration and use of the Epi-Pen. I agree to forever release and discharge the Cincinnati Museum Center and its' directors, officers, employees and volunteers from any and all liability, claims, actions, rights of actions, damages, and expenses, including attorney expenses, arising out of or resulting from any injury, disease, or death in the use, failure to use or the administration of the Epi-pen.

If my child cannot administer the Epi-Pen themselves, I allow Cincinnati Museum Center staff to administer the Epi-Pen.

By signing this agreement, I have read and understand the terms of this agreement.

Print – Child’s Name _____

Parent/Guardian’s Signature _____

Print - Parent/Guardian’s Name _____

Date _____

Please list any special instructions:

