Overnight Camp-In

WAIVER AND RELEASE FORM

WITTE MUSEUM

Child's Name:_____ Child's Age:_____

Parent/Guardian Name:_____ Phone: (h)_____

Address:_____ Phone: (w)_____

Zip Code:_____ Phone: (c)_____

INFORMATION TO PARENT OR GUARDIAN: The staff of the Witte Museum takes every precaution to make each program as safe as possible. Please supply the following information as an added protection for your child.

Does he/she have any allergies?	To food?	Yes____ No____	What? _____
	To drugs?	Yes____ No____	What? _____
	To insect stings?	Yes____ No____	What? _____
	To poison ivy or other plants?	Yes____ No____	What? _____

Does he/she wear glasses or contact lenses? Yes____ No____
Is he/she epileptic? Yes____ No____
Is he/she diabetic? Yes____ No____
Does he/she have any physical condition or disability that could restrict activities?

Yes____ No____ Please describe: _____

EMERGENCY INFORMATION

Emergency Contact Name: _____ Phone #:_____

Child's Doctor's Name: _____ Phone #:_____

In consideration of my child, _____, being able to participate in the Overnight Camp-In program sponsored by the Witte Museum, I, the undersigned parent, binding my heirs, executors, administrators, estate, and assigns, do hereby release and agree not to hold liable the Witte Museum, its officers, agents, employees and volunteers, for any and all actions, claims, demands, costs, or damages as a result of property damage or personal injuries sustained by my said child, his or my property, arising from or resulting from any act of omission, negligent or otherwise, of said the Witte Museum, its officers, agents, employees, and volunteers or any other person or any other participant in the program while participating in the said activity or while traveling to and from place at which such activity will be conducted.

In the event the Witte Museum or a volunteer provides transportation for my child, this Waiver and Release Form shall extend to and release the volunteer driver or the Witte Museum employee driver from any and all liability aforesaid.

I do further with the same intent bind my heirs, executors, administrators, estate, and assigns, to hereby release and agree to hold harmless any landholder or lessee of land or property onto which my child may go as part of the activities of the Overnight Camp-In program from any and all actions, causes of action, claims, demands costs or damages or my property, arising from or resulting form any act of omission of the owner or lessee or any defect in the promises, known or unknown, or the owner or lessee.

Consent is hereby given for the applicant to attend the Overnight Camp-In program and permission is given for all emergency medical treatments, operation, or anesthesia, which might become necessary.

Parent/Guardian Signature:_____ Date:_____

NOTE: Museum staff is not allowed to administer any medication. If your child needs medication during the Adventure Club program, you or someone you designate in writing must administer that medication.

PHOTO/IMAGE WAIVER & RELEASE

I authorize and give consent to the use of photographs or other images of my son/daughter by the Witte Museum, or any of its affiliated organizations and sponsors, for publicity, advertising, or any other legitimate business purpose.

Parent/Guardian Signature:_____ Date:_____