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Exploreum Science Center Summer Camp 2020

Name: _____

Age: _____

Parent/Guardian 1: _____ Phone: _____

Parent/Guardian 2: _____ Phone: _____

Additional Contact 1: _____ Phone: _____

Relationship: _____

Additional Contact 2: _____ Phone: _____

Relationship: _____

NOTE: Campers can only be signed out by individuals listed above with photo identification.

2

Permissions Form

I hereby give permission for _____ to attend a Summer Camp at the Exploreum Science Center. I am aware that my child will participate in this day at his/her own risk and I, and my family, release the Exploreum, its directors, and its staff from any and all claims which might arise as a result of accident, injury, or illness while participating in this camp. I have indicated on his/her registration form special medication, diet, or allergies of which staff should be made aware. Should the need arise, I authorize the staff at the Exploreum to obtain emergency medical assistance for my child, and I promise to indemnify and hold harmless the Exploreum and its staff against any loss due to expenses arising from such action.

Parent/Guardian Signature: _____ Date: _____

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Photo Release Form

I, _____, agree to give The Exploreum Science Center permission to use pictures and/or video taken of _____. These pictures can be used without limitations or restrictions as long as they are used for the purpose of promoting The Exploreum Science Center.

Parent/Guardian Signature: _____ Date: _____

*Note: If you do not agree to the photo release please do not sign this section and fill with N/A.

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Additional Notes

