

## Summer Adventure Camp Participant Permission and Release

A release form must be completed and submitted for each Summer Adventure Camp participant. Return form and full payment to the museum five (5) business days prior to the camp date.

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
Please Print

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Work ( ) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name and Relation \_\_\_\_\_

Emergency Contact Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Physician's Name \_\_\_\_\_ ( ) \_\_\_\_\_

Any allergies, special needs or special dietary needs? \_\_\_\_\_

Immunizations current?  Yes  No

Please check boxes to indicate your agreement:

- My child is physically fit and able to participate in camp activities.
- My child has permission to participate in any camp field trip(s). I will receive a field trip itinerary.
- My child has permission to walk to the Frank Wilson Park (behind the Museum) under supervision of Museum staff for outdoor activities and/or to have lunch (weather permitting).
- My child will abide by the rules and regulations of the Museum and obey the direction of the Museum's staff. I will be notified if there are discipline problems and understand that s/he can be dismissed from camp with no refund.
- Video and/or photography may be used to document camp events. I agree that the Museum shall be the exclusive owner of the video/photography. I grant full and irrevocable consent to the Museum and those acting under its permission or upon authority, the unqualified right and permission to reproduce, copyright, publish, or otherwise use photographic likeness.
- I understand that neither medical nor health insurance coverage is supplied by the Museum and that the participant is responsible for all insurance coverage.

I release from liability, and promise not to sue the Commonwealth of Virginia, the Virginia Museum of Natural History, the Virginia Museum of Natural History Foundation, or the officers, agents, or employees of either, for the injury or property damage that I may suffer while participating in the program in any way, unless such injury or property damage is caused by the gross negligence or intentional misconduct of the Museum.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature Date