

Program date(s): _____



2017 Camp KWITCHURBELIAKIN Liability Form

Please fill out a form for *each* program participant

Name of participant: _____ Age: _____ Gender: _____

Parent/Guardian name: _____ Relationship: _____

How to contact parent/guardian if necessary during the program: _____

Does the participant have any food allergies? _____

Does the participant have a severe allergy to bee stings or insect bites that require immediate treatment (e.g. EpiPen)? _____ If so, is the participant capable of administering their treatment? _____

If NOT, a parent/guardian must be present to administer treatment should it be required.

Does the participant have any other medical conditions or allergies we should be aware of? _____

I give permission for the aforementioned participant to attend the Dorothy Molter Museum's program/event on the day indicated above. I understand that they will be supervised by a Dorothy Molter Museum staff member, and given risks inherent in any type of indoor or outdoor activity, the Dorothy Molter Museum is to be held harmless. The program may include both indoor and outdoor activities for which I will prepare the participant. I also give permission for necessary emergency medical care to be given to the participant at an appropriate medical facility. I understand I need to pick up them up at the interpretive center.

Signature: _____ Date: _____
(Parent or Guardian)

I give permission to the Dorothy Molter Museum to use photos or other media of this participant for promotional use (e.g. event fliers, website).

Signature: _____ Date: _____
(Parent or Guardian)