

Montshire Museum of Science

Release and Consent Form

Please mail, fax, scan and email, or drop off a completed and signed Release and Consent form for each child you are registering for Montshire Summer Camp. We must receive this Release and Consent form to complete your application(s).

Child's Full Name _____ Date of Birth _____

Parent or Legal Guardian Name(s) _____

Although the Montshire staff is trained to minimize accidents, events in the outdoors can create hazards for our program participants. Accordingly, we are required by our insurance carrier to have each participant sign a release.

I authorize the Montshire Museum staff to carry out standard first aid and CPR, including treatment of severe allergic reactions, and to arrange for emergency care for my minor child/ward at a local hospital, as the staff deems necessary. I authorize hospital personnel to provide emergency medical treatment for my child/ward.

I wish that my child/ward participate in summer camp program(s) which is/are organized and administered by the Montshire Museum of Science during the summer of 2012. I am familiar with and recognize the risks inherent in the program and I assume all the risks of injury and loss arising or resulting from my child's/ward's participation, hereby releasing and holding harmless the Museum, its employees or agents from liability for any such injury or loss.

I further authorize the staff of the Montshire Museum Summer Programs to take my child/ward on field trips requiring motor transportation (grades 3 and up only).

I allow the Montshire Museum to use photographs of my child/ward for Montshire publicity, and understand that my child's name will not be used.

Signed _____
(Parent or Guardian) (Date)

Signed _____
(Parent or Guardian) (Date)

