

Name of Camper/Participant/Volunteer _____

Program Waiver

The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for injury, permanent disability and/or death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: I, for my child/ward, knowingly and freely assume all such risks, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, and assume full responsibility for my child/ward's participation in ALL SUMMER & DAY CAMPS, OFF-SITE ACTIVITIES AND FIELD TRIPS.

I willingly agree that my child/ward will comply with the program's stated and customary terms and conditions for participation. If for ANY REASON, there is unusual significant concern regarding the participant's readiness for participation and/or in the program itself, I will immediately notify the Camp Director/Administrator and/or will sincerely consider the guidance and recommendations of the Camp Director/Administrator. In that case I agree to readily remove my child/ward from the participation, receiving no financial remuneration or refund for camp days not attended.

I, for my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Children's Museum of the Treasure Coast, Inc.; its managing members, directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases:), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.

Emergency Authorization:

I hereby give permission to the medical personnel selected by The Children's Museum of the Treasure Coast (TCM) to order emergency care for my child by calling 911. In the event I cannot be reached in an emergency, I hereby authorize any examinations, tests, treatments and medicine deemed necessary by the emergency physician or personnel for my child as named above and further agree to pay the cost and expense of the treatment described above. I also hereby grant permission to the Children's Museum staff to treat minor cuts, scrapes, burns (including sunburn) and stings with First Aid treatment.

I understand and accept that the Children's Museum of the Treasure Coast, its staff, volunteers and members are not medically or professionally trained to handle, store or administer any prescribed or over-the-counter medications. TCM staff, volunteers and members are not trained or qualified to act as a behavioral specialist or manage behavioral issues that put staff or other participants at risk. The Children's Museum reserves the right to dismiss a camper, in its discretion, under certain circumstances — for example, a camper who presents a safety concern or medical risk, is disruptive, or engages in behavior detrimental to the program.

Photo Release:

I hereby grant and authorize The Children's Museum of the Treasure Coast, Inc. the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me and/or my minor child to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

Off-site Transportation: I hereby grant permission to The Children's Museum of the Treasure Coast to transport my child off-site for a variety of off-site camp field trips and other activities. I acknowledge that scheduled activities are subject to change at the discretion of The Children's Museum of the Treasure Coast.

I have read this release of liability and assumption of risk agreement. I fully understand its terms and understand that I have given up substantial rights by signing it. I sign it freely and voluntarily without any inducement.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO §744.301, FLORIDA STATUTES:

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF THE CHILDREN'S MUSEUM OF THE TREASURE COAST USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CHILDREN'S MUSEUM OF THE TREASURE COAST IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY AND/OR IF THE CHILDREN'S MUSEUM OF THE TREASURE COAST AND/OR ITS EMPLOYEES OR AGENTS ARE IN ANY WAY NEGLIGENT EVEN IN THE ADMINISTRATION OF THE EVENT ITSELF. YOU ARE WAIVING YOUR RIGHT TO SUE THE CHILDREN'S MUSEUM OF THE TREASURE COAST FOR SUCH NEGLIGENCE. YOU HAVE A RIGHT TO REFUSE TO SIGN THIS FORM AND THE CHILDREN'S MUSEUM OF THE TREASURE COAST HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE/WAIVER OF LIABILITY.

Name of Participants (Print)

Date:

Parent or Guardian (Print)

Date:

Signature of Parent or Guardian

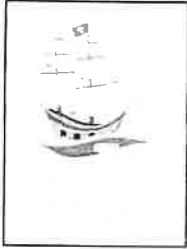
Date:

Signature of Witness

Date:

(Signed by a non-family member)

THE CHILDREN'S MUSEUM OF THE TREASURE COAST, INC
1723 NE SHEARWATER DR.- JENSEN BEACH, FL 34957



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772-225-7575 EXT. 201

I acknowledge and represent that my child is in good health and physically able to participate in the activities of the camp program and has had no past illness or injury that would prevent my child from participating in such activities, and I further acknowledge and represent that my child needs no special accommodations.

I understand there may be opportunities for my child to purchase snacks at camp and I acknowledge and represent that my child will not purchase items that are not approved by me.

Name of Participants (Print)

Date:

Parent or Guardian (Print)

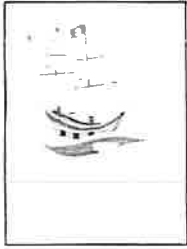
Date:

Signature of Parent or Guardian

Date:

Signature of Witness
(Signed by a non-family member)

Date:



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