

**Contact Information:**

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Primary Parent/Guardian Name: \_\_\_\_\_ Number: \_\_\_\_\_  
 Secondary Parent/Guardian Name: \_\_\_\_\_ Number: \_\_\_\_\_  
 Emergency Contact #1: \_\_\_\_\_ Number: \_\_\_\_\_  
 Emergency Contact #2: \_\_\_\_\_ Number: \_\_\_\_\_  
 Preferred Form of Contact (i.e. name / email address / text / telephone): \_\_\_\_\_

**Program Information:**

- |  |                                   |                                    |
|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday July 8, 2019     | <input type="checkbox"/> Pre-Care | <input type="checkbox"/> Post-Care |
| <input type="checkbox"/> Tuesday July 9, 2019    | <input type="checkbox"/> Pre-Care | <input type="checkbox"/> Post-Care |
| <input type="checkbox"/> Wednesday July 10, 2019 | <input type="checkbox"/> Pre-Care | <input type="checkbox"/> Post-Care |
| <input type="checkbox"/> Thursday July 11, 2019  | <input type="checkbox"/> Pre-Care | <input type="checkbox"/> Post-Care |
| <input type="checkbox"/> Friday July 12, 2019    | <input type="checkbox"/> Pre-Care | <input type="checkbox"/> Post-Care |
- 
- |  |                                   |                                    |
|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday July 22, 2019    | <input type="checkbox"/> Pre-Care | <input type="checkbox"/> Post-Care |
| <input type="checkbox"/> Tuesday July 23, 2019   | <input type="checkbox"/> Pre-Care | <input type="checkbox"/> Post-Care |
| <input type="checkbox"/> Wednesday July 24, 2019 | <input type="checkbox"/> Pre-Care | <input type="checkbox"/> Post-Care |
| <input type="checkbox"/> Thursday July 25, 2019  | <input type="checkbox"/> Pre-Care | <input type="checkbox"/> Post-Care |
| <input type="checkbox"/> Friday July 26, 2019    | <input type="checkbox"/> Pre-Care | <input type="checkbox"/> Post-Care |

**Pick-Up Information:**

Please designate at least two contacts that will be available during the program time and are authorized by the Participant's parents and/or guardians to pick up the Participant.  
 In the case of unresolvable behavioral issues with the participant, a designated contact will be contacted to pick up the participant.  
 Museum Staff may ask for identification from the contact upon participant pick-up.

Last Name	First Name	Relationship to Participant	Primary Phone Number	Alternate Phone Number

Is the Participant permitted to leave the Program on their own?  Yes  No

Comments: \_\_\_\_\_

**Medical Information:**

Does the Participant have any allergies?

No  Yes

If Yes, identify the reaction and the form of treatment approved by the Participant's parent(s)/guardian(s) if required:

\_\_\_\_\_

Does the Participant carry an epi-pen?

No  Yes – If yes please fill out a **Severe Allergy** Form.

Does the Participant have any condition(s) and any restrictions on participation in the Program?

No  Yes

If Yes, specify the condition(s) and any restrictions on participation in the Program.

\_\_\_\_\_

Will the Participant be required to consume medication during the Program?

No  Yes

If Yes, identify the type of medication, the times, and dosages that are required.

\_\_\_\_\_

**Medications must be clearly labeled in the original containers with instructions as to the dosage and when they must be taken. Please supply only enough for the time of the program. The Museum will inform the Participant when the label indicates that medication is to be taken. Please note that leaders/instructors or other personnel are not permitted to administer medication.**

**Photograph and Media Consent:**

I, the Parent/Guardian of the Participant grant permission to The Strathcona County Heritage Foundation, operating as the Strathcona County Museum & Archives, to photograph and/or record the Participant's image or voice in photograph, video or audio form and to use this material to promote the Museum through media, including, but not limited to, newsletters, website, social media and print advertising. I waive any claim to remuneration for use of audio/visual materials used for these purposes.

I understand that I may withdraw such consent at any time by contacting Museum Administration.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent:**

I/WE, \_\_\_\_\_ (name of parent(s)/guardian(s) and relationship)

of \_\_\_\_\_ (name of participant) aged \_\_\_\_\_ (age of participant), a minor (the "**Participant**"), in consideration of the Participant being allowed to participate in Camps and Programs (the "**Program**") of The Strathcona County Heritage Foundation, operating as the Strathcona County Museum & Archives (the "**Museum**"), and on behalf of Participant who is a minor, I/WE consent to the following as indicated by my/our initials.

Item	Description	Initials
1	The Museum may permit the Participant to leave the Program on his or her own initiative.	
2	The Museum may in the event of an apparent medical emergency when medical personnel are unable to secure direction from the Participant's parent(s)/guardian(s) indicated on this form, authorize for the Participant immediate medically necessary care recommended by medical personnel.	
3	The Museum may in the event of an apparent medical emergency arrange for and authorize ambulance transportation for the participant, and the parent(s)/guardian(s) of the Participant will be solely responsible for any costs associated with ambulance services.	
4	The Museum may, only as strictly necessary for the Participant's participation in the Program, share the Participant's personal information including medical information with Program staff.	

**Acknowledgement of Risks, Release and Indemnity**

I/We, on behalf of ourselves, the Participant, and our respective heirs, successors and assigns, acknowledge that participation in the Program, has known and unknown inherent risks, that could result in loss and damage to the Participant's person or property in the Participants possession, including illness, and physical and mental injuries up to and including, without limitation, significant life altering harm and permanent disabilities, significant brain injuries and death, and the Participant's parent(s)/guardian(s), on behalf of, and in consideration of the Participant being allowed to participate in the Program agree to the following:

Item	Description	Initials
1	Waive any and all claims, actions, suits or proceedings of any kind or nature that could otherwise be brought or instituted against The Strathcona County Heritage Foundation, operating as the Strathcona County Museum & Archives, its employees, volunteers, students or other representatives (hereafter referred to as the " <b>Museum</b> ")	
2	Voluntarily Assume responsibility for any and all losses, damages, expenses or costs of any kind arising out of, or related to, the Participant's participation in the Program.	
3	Release the Museum from any and all liability for any losses, damages, injuries, costs or expenses, including actual legal fees and related legal costs on a solicitor and own client basis, That I/We or the Participant, or those claiming through us or the Participant, might otherwise have had or been able to pursue, but for this Release.	
4	Hold harmless and fully indemnify the Museum from any and all liability for property damage or personal injury to the Participant or third parties for any and all losses, costs or expenses of any kind or nature, including actual legal fees and related legal costs on a solicitor and own client basis, arising from, or related to the Participant's participation in the Program.	

I/We \_\_\_\_\_ (name of parent(s)/guardian(s) of Participant) confirm that I/we is/are the Participant's parent(s) and /or guardian(s) with authority to approve the Participant's participation in the Program, confirm that I/we have read and understood this Consent, Release and Indemnity form and I/we understand that I/we may seek independent legal advice about this form, and that I/we am/are under no legal obligation to allow the Participant to participate in the Program to which this release and indemnity relate, and I/we acknowledge that I/we are giving up significant legal rights as a condition to allowing the Participant to participate in the Program, and I/we sign this document freely and voluntarily of my/own will, without inducement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date