

## Baker Heritage Museum Summer Camp 2025

### Registration and Liability Release Form

*For our records, please copy and fill out a separate form for each child.*

Camper's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Parent 1/Legal Guardian Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell/Home #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 2/Legal Guardian Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell/Home #: \_\_\_\_\_

Physician's Name \_\_\_\_\_

Office Phone # \_\_\_\_\_

Camper T-Shirt Size: \_\_\_\_\_

#### Please List Emergency Contacts and/or Individuals with Permission to Pick Up Your Child:

**\*Please note that no one other than those listed below and the parents listed above will be allowed to pick up your child without a written note at the time of drop off.**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

#### Please Circle Appropriate Medical Needs/Conditions for Indoor/Outdoor Safety:

ASTHMA      INHALER      EPI-PEN      BEE ALLERGY      FOOD ALLERGY

Describe Allergies/Medical Conditions/Sensitivities/Other (Use Space Below):

I, \_\_\_\_\_ (Print name of parent or legal guardian), grant permission for my child to attend and participate in all **Baker Heritage Museum Summer Camp** activities at the Baker Heritage Museum, Adler House Museum and adjacent Geiser-Pollman Park during Camp hours from 1:00 pm to 4:00 pm on June 23 through June 25 and 1:00 pm to 6:00 pm on June 25.

WAIVER AND RELEASE: I do hereby release, waive, hold harmless and discharge the Baker Heritage Museum, its Staff, Representatives and any and all organizations, persons and personnel associated with said Baker Heritage Museum Summer Camp, from any and all loss, damage, injuries and/or claims of any kind arising from my child's participation, even though that liability may arise from negligence or carelessness on the part of the persons and organization named in this waiver. The Baker Heritage Museum Staff reserves the right to dismiss participants who physically, emotionally or verbally pose a threat to their own safety, the safety of other campers or camp staff; there will be no refund of any amount because of behavior problems. I also realize that the Baker Heritage Museum does not carry accident and/or medical insurance on participants. In the event that I cannot be reached in a timely manner, I give permission for my child to receive emergency medical treatment as necessary. I agree to assume any and all costs associated with medical needs both now and any which may arise as a result of my child's participation in the Baker Heritage Museum Summer Camp.

I give permission for my child's name or photograph to be mentioned in news media or online: Yes \_\_\_ No \_\_\_

BY MY SIGNATURE BELOW I DECLARE THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT THIS WAIVER AND RELEASE.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date