



WAIVER AND RELEASE OF LIABILITY

Please bring this form with you on the first day of camp. The Frontiers of Flight Museum (FOFM) must have a completed and signed **Consent and Release Form** on file prior to the commencement of camp.

Child's Full Name _____ Date of Birth _____

Parent or Legal Guardian Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Home Phone _____ Work Phone _____

Additional Emergency Contact Name _____

Additional Emergency Contact Phone Number _____

The following individuals, other than me, have my consent to pick up my child.

I understand that any individual(s) not on this list will NOT be allowed, for any reason, to remove my child from the Museum property.

Name _____

Phone _____ Relationship to Child _____

Name _____

Phone _____ Relationship to Child _____

Name _____

Phone _____ Relationship to Child _____

MEDICAL HISTORY

Physician's Name _____ Physician's Phone _____

Preferred Hospital _____



Hospital Address _____

Hospital Phone _____

Asthma; ADHD; Developmental Disabilities; Diabetes; Glasses/Contacts; Heart Disease or Defect; Hemophilia; Seizures; Allergy to Medication (list below); Dietary Restrictions (describe below); Food Allergies (list below); Other Allergies (list below)

INFORMED RELEASE AND WAIVER OF LIABILITY

I understand that my child/children, as a participant(s) in FOFM Summer Camps, may be engaged in activities that include, without limitation, conducting experiments with supervision, walking around exhibits, going outside no more than one hour per day, running, jumping, walking around outside with supervision. Although the Museum will exercise reasonable efforts to minimize risks, participation in FOFM Camps may expose my child/children to the possibility of accidents, including but not limited to injury or loss.

My child/children have my permission to be photographed by FOFM Camp staff and/or its representatives and that such photographs can be used for promotional purposes by the Museum. I understand that my child's name will not be used.

I am the legal parent or guardian of the child listed above. I release the FOFM from any form of liability as I have given them permission to participate. I also hold harmless any of the FOFM staff, agents and cooperating landowners and will not hold them liable for any loss, including but not limited to injury or loss.

I agree that, if my child should need additional services to accommodate him/her in workshops in accordance with the ADA Compliance Guidelines, I will provide written notice of such condition (either from my child's physician or other recognized organization) and agree to submit my request at least three (3) working days prior to the beginning of my child's camp or program session.

I authorize FOFM staff to carry out standard first aid, directly contact sources cited in this form, 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 assume financial responsibility for any medical care my child receives during his/her participation in the FOFM sponsored activities and will not hold the FOFM financially responsible for care and/or transportation of my child to a care facility.



CAMP POLICIES

A number of policies are in place for the safety and well-being of your child. Please view our Summer Camp Policies and Procedures at <http://www.flightmuseum.com/fofm-summer-camps/>.

As the custodial parent or guardian of the child(ren) enrolled in FOFM Summer Camps, I acknowledge, by signing this form for and on behalf of myself and my child(ren), that my child and I have received and reviewed the FOFM Summer Camps Policies and Procedures and the Waiver/Release form. My child(ren) and I understand and agree to abide by the Museum's Summer Camps policies, procedures, and directives set forth in these publications. By enrolling my child(ren) in FOFM Summer Camps and prior to sending them to their registered Summer Camp, I further affirm that my child(ren) will have not exhibited any symptoms consistent with the COVID-19 virus in the 10 days preceding the start of their registered camp, and/or tested positive for the COVID-19 virus within the 10 days preceding the start of their registered camp; and I further acknowledge and affirm that my child(ren) have not been exposed to anyone who has tested positive and/or exhibited symptoms of the COVID-19 virus in the 10 days prior to the start of their registered camp. I understand and agree that not acknowledging receipt of the FOFM Summer Camps policies, procedures and COVID-19 protocols does not absolve any individual(s) of any responsibility with respect to the information contained therein or any other Museum policies, regulations, or guidelines.

I hereby attest that all information provided above is correct and agree to the terms of enrollment in the FOFM Camps as stated in the Parent Information and Camp Policies forms.

Parent/Guardian Signature _____ Date _____

Updated 6/21