



## WAIVER AND RELEASE OF LIABILITY

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

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 \_\_\_\_\_

**Circle or list any special conditions our staff should know about:** 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 Programs, 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 Programs 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 Program 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 and hereby provide consent for said child/children to participate in this FOFM program. I also hereby release, indemnify, and hold harmless FOFM, its agents, officers, or employees from any form of responsibility or liability. for any and all damages or injury of any kind or nature (including death) to all persons or property except such claims as may be caused by intentional acts of gross negligence of FOFM or its employees or agents.

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 program 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.



## PROGRAM POLICIES

A number of policies are in place for the safety and well-being of your child. Please view our Program Policies and Procedures at <http://www.flightmuseum.com/boy-scout-merit-badge-clinics/>.

As the custodial parent or guardian of the child(ren) enrolled in FOFM Programs, 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 Program Policies and Procedures and the Waiver/Release form. My child(ren) and I understand and agree to abide by the Museum's Programs policies, procedures, and directives set forth in these publications. I understand and agree that not acknowledging receipt of the FOFM Programs policies and procedures 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 Programs as stated in the Parent Information and Program Policies forms.

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

*Updated 8/1/2023*