

The KidZone Museum Programs

REGISTRATION FORM, AGREEMENT, WAIVER & RELEASE



Participant Name(s)	Birth Date	Class/Camp	Dates/Times	Fees

Mailing Address	City	State	Zip

Parent(s) Name & relation	Day phone(s)	Email

REFUND/ PAYMENT DUE POLICY

No refunds will be given for one-time classes, trips, tours or special events. Refunds will be given if the KidZone Museum cancels a class, or if a refund is requested, for any reason, 1 month prior to the first class meeting. (Refunds/credits requested as a result of a child's extended injury or illness will be reviewed on a case by case basis. 1/2 credit will be given for consecutive absences of four or more days if the parent gives us notice in a timely manner and provide a doctor's excuse. Payment is due at registration.

I have read and understand the Refund/Payment Due Policy. _____ (Initials)

AGREEMENT, WAIVER AND RELEASE

I have carefully read the description(s) of the program(s) for which I/we are registering, and in consideration for being permitted by the KidZone Museum to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance The KidZone Museum, its officers, employees, and agents from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents, and knowing these risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I sustain while participating in said activity.

PARENTAL CONSENT (to be completed & signed by parent/guardian if applicant is under 18 yrs of age)

I hereby consent that my son/daughter, _____, participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I understand that this activity may include van or bus transportation & field trips, and will encompass a wide variety of indoor and outdoor games, sports & activities. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN THE KIDZONE MUSEUM AND ME, AND I SIGN IT OF MY FREE WILL.

Signature

Date

Printed Name

Parents: *PLEASE* complete emergency information on the reverse side of this sheet.

YOUTH PROGRAM EMERGENCY INFORMATION & CONSENT TO TREAT

Child/Children's Name(s)	Birth date	Age and Grade

Guardian(s) Name(s)	Relationship	Home phone /Cell	Work phone

Last Tetanus	Allergies/ medical conditions	Special Instructions	Physicians Name and Contact

TWO Emergency Contacts	Phone

Others authorized to pick up child(ren) from program	Phone

CONSENT TO TREAT

I, the undersigned parent/legal guardian of _____, a minor, do hereby authorize and consent to any X-ray, examination, anesthetic, medical, or surgical procedure rendered under the general or specific supervision of any member of the medical staff and any emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute care general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required by the above named minor(s) and is given to provide authority to transport by emergency vehicle and power to render care, which the aforementioned physician, in the exercise of his best judgment, may deem advisable. It is understood that effort should be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above mentioned treatment will not be withheld if the undersigned cannot be reached. Authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent Signature _____ **Date** _____

TRAVEL/FIELD TRIP PERMISSION

I give my permission for my child (ren) to accompany the program(s) listed on the other side of this form on local and out of town field trips.

Parent Signature _____ **Date** _____

PHOTOGRAPHIC RELEASE

I understand that photographs may be taken of my child (ren) during programs or classes. I give The KidZone Museum permission to use any such photos for advertising or in promotional materials.

Parent Signature _____ **Date** _____